OBJECTIVES: To assess physician beliefs on the relative benefits of pens vs. vials, prescribing drivers, and characteristics of patients newly initiated on basal insulin analogs among elderly type 2 diabetes patients. METHODS: An online survey of 352 U.S. primary care physicians was used to collect retrospective patient chart data on 500 elderly type 2 diabetes patients who initiated on basal insulin analog in 2009. For each physician, patient chart selection was randomized among patients meeting criteria on physician's chart. Results: Utilization of liraglutide, a GLP-1 receptor agonist used to treat Type 2 diabetes patients, is reimbursed in Ireland since November 2009. Budget impact analysis at 20%, 15%, and 10% maintenance doses was conducted with scenarios of current price, and a 10% discount on the price of the dose lanreotide under stable long-acting SSA treatment resulted in reduced costs compared to octreotide. However, the patient numbers of this rare disease and the limited period of treatment stability limit the power to detect differences between preparations.

CONCLUSIONS: Although the primary goal among patients with type 2 diabetes (T2D) is glycemic control, lack of patient education and health care access may represent a major obstacle to proper disease management, particularly in emerging markets such as Brazil. The aim of the current study was to document the level of patient knowledge of HbA1c levels and its effect on health outcomes. METHODS: Data were analyzed from the Brazil 2011 National Health and Wellness Survey, a cross-sectional health survey of adults in Brazil (N=12,000). Demographics (age, gender, education, socioeconomic status, insurance type), health history (HbA1c level, FPG level, frequency of testing), and health outcomes (health status using the SF-12v2, work productivity loss using the WPAI, and health care resource use) were assessed for all respondents. RESULTS: A total of 480 respondents (4.0%) reported a diagnosis of T2D of whom 85.38% did not know their level of HbA1c. Among those who were aware of their HbA1c levels, 60.34% were uncontrolled (i.e., a level greater than 7%). Patients who were uncontrolled reported significantly worse physical health status (39.43 vs. 46.68) and a significantly greater percentage work overall impairment (42.93% vs. 25.58%) compared with those who were controlled (all p<0.05). Access to care also was associated with better outcomes as those with private insurance were significantly more likely to have an HbA1c test in the past 3 months (15.57% vs. 6.57%) and significantly less likely to have never been tested (38.32% vs. 43.01%) than those with just public insurance (all p<0.05). CONCLUSIONS: The lack of awareness of HbA1c levels suggests a significant gap in patient education. Given the high probability of being uncontrolled, this lack of patient education may have significant humanitarian and economic consequences for Brazil from a societal perspective. Improvement in access and education may help improve overall T2D management.

PATIENT ACCESS, HBA1C KNOWLEDGE, AND HEALTH OUTCOMES AMONG TYPE 2 DIABETES PATIENTS IN BRAZIL

2 Kantar Health, Prinston, NJ, USA; 3 Kantar Health, New York, NY, USA; 4 Sanofi, Sao Paulo, Brazil

OBJECTIVES: The primary goal among patients with type 2 diabetes (T2D) is glycemic control, lack of patient education and health care access may represent a major obstacle to proper disease management, particularly in emerging markets such as Brazil. The aim of the current study was to document the level of patient knowledge of HbA1c levels and its effect on health outcomes. METHODS: Data were analyzed from the Brazil 2011 National Health and Wellness Survey, a cross-sectional health survey of adults in Brazil (N=12,000). Demographics (age, gender, education, socioeconomic status, insurance type), health history (HbA1c level, FPG level, frequency of testing), and health outcomes (health status using the SF-12v2, work productivity loss using the WPAI, and health care resource use) were assessed for all respondents. RESULTS: A total of 480 respondents (4.0%) reported a diagnosis of T2D of whom 85.38% did not know their level of HbA1c. Among those who were aware of their HbA1c levels, 60.34% were uncontrolled (i.e., a level greater than 7%). Patients who were uncontrolled reported significantly worse physical health status (39.43 vs. 46.68) and a significantly greater percentage work overall impairment (42.93% vs. 25.58%) compared with those who were controlled (all p<0.05). Access to care also was associated with better outcomes as those with private insurance were significantly more likely to have an HbA1c test in the past 3 months (15.57% vs. 6.57%) and significantly less likely to have never been tested (38.32% vs. 43.01%) than those with just public insurance (all p<0.05). CONCLUSIONS: The lack of awareness of HbA1c levels suggests a significant gap in patient education. Given the high probability of being uncontrolled, this lack of patient education may have significant humanitarian and economic consequences for Brazil from a societal perspective. Improvement in access and education may help improve overall T2D management.

OBESITY AND FREQUENT HYPOGLYCEMIA IN EUROPEAN TYPE 2 DIABETES PATIENTS

Viamichelsen M1,2,3, Nyhuis A, Lingvall LM, Nyhuis A, Swindle R1

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