patients. Utility values were extracted from the Health Outcomes Data Repository (HODaR) and published sources. Costs were calculated from UK £2005 prices. Costs and benefits were discounted annually at 3.5%. In this case, the model reported the experiences of 1000 subjects averaged over ten repeat simulations. Relative effectiveness for glycaemic control (HbA1c) and hypoglycaemia was determined from a meta-analysis of the pivotal clinical trials. RESULTS: Pooled analysis of pre-registration studies showed no difference in HbA1c between glargine-treated patients and NPH but a 40% relative risk reduction in severe hypoglycaemic episodes, a 35% relative risk reduction in nocturnal hypoglycaemic episodes and a 10% relative risk reduction of symptomatic hypoglycaemia. Over the 40 years, treatment with NPH resulted in 37,059 additional severe hypoglycaemic events, 200,416 additional nocturnal hypoglycaemic events and 2,605,408 additional symptomatic hypoglycaemic events compared to insulin glargine. The discounted incremental cost-effectiveness ratio (ICER) was £15,197 per quality adjusted life year (QALY) gained. Sensitivity analysis showed these findings were robust. CONCLUSIONS: Insulin glargine is cost effective when used as basal insulin for the treatment of people with type 2 diabetes. The ICER is well within accepted thresholds for cost effective treatments in the UK.

PDB14

DIRECT COST FOR CONTROL OF DM IN A RURAL AREAS
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OBJECTIVE: to evaluate the cost of the treatment of the diabetic
patients in our means from the perspective of the NHS and the
percentage of patients treated in monotherapy and the used
combinations more. METHODS: The total of patients including
in the program of diabetes in our means was of 207. 120 clini-
cal histories by means of simple sampling studied random
coming from which they went to consultation between the 1 of
November of 2004 and the 31 of October of the 2005. The costs
of the medical consultations and infirmiery were obtained from
the Sanitary District of Axarquia (Málaga Est), the cost of the
used medication of the nomenclátor of the Andalusian Health
Service (SAS). RESULTS: Sixty-seven percent of the patients
showed a good control of the HbA1c (according to criteria
of ADA, 2006) with average numbers of 6.08% (IC95%:
5.95–6.21). The average total cost by patient was of €34/year
(34% by the prescription). The cost by patient according to the
degree of control of the DM was: €433 for good control (HbA1c
< 6%), €496 for a normal control (6%–7%) and €685 for bad
control (HbA1c > 7%). These differences were significant (p =
0.032). CONCLUSIONS: The percentage of control of the dia-
etics in our means is than acceptable more. Differences between
gender in the degree of control and use of resources exist,
although they were not significant statistically. The diabetics
badly controlled cause a greater use of sanitary resources in
primary care. Most of the diabetics in our means is controlled
with monotherapy. It would be necessary to improve the
socio-sanitary attention of these patients and to include the
cardiovascular risk like one more a measurement of control and
effectiveness.

PDB15

SELF MONITORING OF BLOOD GLUCOSE IN PATIENTS WITH
TYPE 2 DIABETES: COST UTILITY ANALYSIS IN AN ITALIAN
SETTING
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OBJECTIVES: Previous studies have shown that for patients
with type 2 diabetes, self monitoring of blood glucose (SMBG)
can improve glycemic control (with HbA1c improvements of
0.3–0.6%, depending on treatment received). This in turn, can
reduce risks of disease complications. Because monitoring sup-
plies can have high acquisition costs, country-specific evaluations
of SMBG cost-effectiveness are needed. The aim of this analysis
was to estimate, within an Italian setting, the cost-effectiveness
of using SMBG. METHODS: A validated, published model for
type 2 diabetes (The CORE Diabetes Model) was used to project
improvements in quality-adjusted life expectancy (QALE), long-
term costs and cost-effectiveness of SMBG. A series of Markov
models simulated the progression of diabetes-related complica-
tions (cardiovascular, neuropathy, renal and eye disease). Tran-
sition probabilities and HbA1c-dependent adjustments came
from major epidemiological studies. Costs of complications were
derived from published sources. From the Italian National
Health Service perspective, direct costs of diabetes complications
and of SMBG were projected over patient lifetimes. Outcomes
were discounted at 3% annually. RESULTS: Depending on type of
treatment (diet/exercise, oral medications, or insulin), greater
glycemic control with SMBG improved (discounted) QALE by
0.05 to 0.19 QALYs and increased total costs by €1270 to €3809
per patient. The resulting incremental cost-effectiveness ratios
ranged from €20,047 to €25,400 per QALY gained, and were
well within current willingness-to-pay limits. SMBG was most
cost-effective in the sub-group of patients being treated through
diet and exercise. CONCLUSIONS: Within the three treatment
regimens examined, the addition of SMBG was associated with
increased glycemic control and with improved clinical and eco-

PDB16

SELF MONITORING OF BLOOD GLUCOSE IN PATIENTS WITH
TYPE 2 DIABETES: COST UTILITY ANALYSIS IN A FRENCH
GOVERNMENT PAYER SETTING
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OBJECTIVES: Previous studies have shown that for patients
with type 2 diabetes, self monitoring of blood glucose (SMBG)
can improve glycemic control (with HbA1c improvements of
0.3–0.6%, depending on treatment received). This in turn, can
reduce risks of disease complications. Because monitoring sup-
plies can have high acquisition costs, country-specific evaluations
of SMBG cost-effectiveness are needed. The aim of this analysis
was to estimate, within France, the cost-effectiveness of using
SMBG. METHODS: A validated, published model for type 2
diabetes (The CORE Diabetes Model) was used to project
improvements in quality-adjusted life expectancy (QALE), long-
term costs and cost-effectiveness of SMBG. A series of Markov
models simulated the progression of diabetes-related complica-
tions (cardiovascular, neuropathy, renal and eye disease). Tran-
sition probabilities and HbA1c-dependent adjustments came