from a German perspective. METHODS: The Economic Assessment
of Glycemic Control and Longterm Effects (EAGLE) model
provides micro-simulations of virtual patients in 1-year cycles.
Outcomes presented as cumulative incidence include micro-
and macrovascular complications and death. Subsequent cost calcu-
lations are constructed from the results. Main factors driving the
development of complications are HbA1c, blood pressure, lipids,
age, diabetes duration and treatment. Baseline characteristics of
each cohort (1000 patients) were: age 64 ± 11 years, diabetes
duration 10 ± 8 years, 49% male, hypertension prevalence 80%,
mean HbA1c 7.7 ± 1.8%, HDL 1.11 mmol/l, LDL 3.84 mmol/l.
For comparison a) HbA1c treatment targets of 7.0% (UK) and
6.4% (DDG) were simulated. For comparison b) additionally
control of LDL, HDL and blood pressure was simulated according
the two guidelines. All cost data were provided by CoDiM
study. Long-term outcomes, risk reductions and costs were com-
pared from the German perspective. RESULTS: More strict glyc-
cemic, blood pressure and lipid control according to the DDG
guidance reduces longterm complications substantially compared to
the UK guidance: incidences for proliferative retinopathy, ESRD and MI were lower by 14%, 23% and 11%. Accordingly,
to the UK guidance: incidences for proliferative retinopathy, ESRD and MI were lower by 14%, 23% and 11%. Accordingly,
associated cost savings were 26T€, 366T€ and 148T€ following
the DDG guidance. Savings in the treatment of complications
amount to 96T€. Inclusion of diabetes treatment cost results in
overall savings of 186T€. CONCLUSION: Guidance for diabetes
treatment vary between EU-countries. The simulation analyses
from the German perspective demonstrated that preferably a
more stringent guidance should be applied with respect to long-
term outcomes and costs.

DB3
CLINICAL AND PATIENT REPORTED OUTCOMES OVER THE FIRST 6 MONTHS OF INSULIN THERAPY IN PATIENTS WITH TYPE 2 DIABETES IN GERMANY AND THE UNITED KINGDOM: DATA FROM THE INSTIGATE STUDY
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OBJECTIVES: An objective of the INSTIGATE study is to
describe clinical and patient reported outcomes after 6 months of
insulin therapy in patients with type 2 diabetes. This abstract
presents data from patients enrolled in Germany and UK.
METHODS: INSTIGATE is an ongoing prospective European
observational study investigating patients with type 2 diabetes
who initiated insulin during usual care. Data on outcomes were
collected at baseline and at 3 and 6 months following insulin
initiation. RESULTS: A total of 509 patients were enrolled in Germany.
and UK. Six-month follow-up data was collected from 457 patients.
Clinical outcomes, mean (SD), changed from baseline to six months post insulin initiation as follows: FBG improved from 11.5 (4.7) mmol/l to 6.9 (1.8) mmol/l in Germany and from 13.3 (4.9) mmol/l to 10.2 (4.3) mmol/l in UK. HbA1c improved from 9.2 (2.0)% to 6.9 (1.0)% in Germany and from 10.2 (1.7)% to 8.4 (1.4)% in UK. BMI increased from 30.5 (6.0) kg/m² to 31.0 (5.9) kg/m² in Germany and from 31.9 (6.6) kg/m² to 32.5 (5.6) kg/m² in UK. Improvements were seen in health status using the EQ-5D; in Germany the median visual analogue scale score increased from 70 to 79 and in UK from 65 to 70. The number of patients self-reporting hypoglycaemic episodes increased as follows for German and UK patients respectively; in the 3 months before insulin initiation 9 (3.5%) and 13 (5.1%) patients experienced a total of 31 episodes in each
country, and in the 3 months before the six-month follow-up
visit 26 (11.2%) and 37 (25.4%) patients experienced a total of 153 and 221 episodes. CONCLUSION: Differences in baseline
characteristics and initial insulin regimes prescribed in UK and
German patients were observed. Glycaemic control and
health-related quality-of-life improved in the 6 months following
insulin initiation. However BMI and rates of hypoglycaemia increased.

DB4
TREATMENT ADHERENCE AND BARRIERS TO ADHERENCE ARE ASSOCIATED WITH GLYCEMIC CONTROL AND EXPERIENCE OF HYPOGLYCEMIA AMONG PATIENTS WITH TYPE-2 DIABETES MELLITUS (T2DM) ON ORAL ANTI-HYPERGLYCEMIC AGENTS (OHA) IN EUROPE
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OBJECTIVES: To assess the association of adherence to treatment with glycemic control and patient experience of
hypoglycemic symptoms in adult T2DM patients, who added a
sulfonyurea(SU) or glitazone(PPAR) to metformin(MF) mono-
therapy. METHODS: A retrospective clinical chart review and
patient survey during physician visit (June’06–Feb’07) was
conducted in 7 countries (Finland, France, Germany, Norway,
Poland, Spain, UK). Patients recruited (aged 30 years) added SU
or PPAR/x to MF. A1C refers to the most recent measurement
within a year prior to enrollment. Glycemic control was defined
according to the IDF (2005) recommendations as A1C < 6.5%.
Questionnaires were used to ascertain experience of hypogly-
cemia and adherence to treatment. A questionnaire published
by Grant et al. (2003), was modified and used to measure
patient reported adherence to OHA. RESULTS: A total of 1709 patients were included in this analysis. Average age 63
(SD = 11) years, 45% female, and 50% were diagnosed with
diabetes > than 7 years. The mean A1C was 7.1% (SD = 1.1),
while 28% (477 patients) had adequate glycemic control. IN
all, 652 (38%) reported hypoglycemic symptoms. Sixty-nine
percent reported that they always take their diabetes medica-
tions exactly as prescribed. Reported barriers to adherence
were: 1) being unable to follow plan for diabetes (45.5%); 2)
bestrred by adverse effects (40.9%); 3) being unsure about
physician instructions (32.9%); and 4) having difficulty filling
prescriptions (23.6%). Experience of hypoglycemic symptoms
was associated with higher odds of reporting; a barrier due to
adverse effects (Odds Ratio (OR): 2.54; 95% CI: 2.1–3.1);
unsure of doctor’s instructions (OR: 1.34; 95% CI: 1.1–1.7);
unable to follow plan for diabetes (OR: 1.3; 95% CI: 1.1–
1.6); having difficulty filling prescriptions (OR: 1.4; 95% CI:
1.1–1.7). Patients always taking medications exactly as pre-
scribed had higher odds of having adequate glycemic control
(OR: 1.3; 95% CI: 1.05–1.68). CONCLUSION: Adequate
glycemic control was found in 28% of patients and 38% of all
patients experienced hypoglycemic symptoms. Experience
of hypoglycemic symptoms was associated with barriers to adher-
ence, while adherence to therapy improved the odds of having
adequate glycemic control.