system structure and in cost transparency, the cost estimation methodology varied among countries. One limitation of this study is that diagnostic related group (DRG) tariffs were used to estimate several costs, which may not accurately represent the burden of a specific complication nor take into account the full burden of follow-up after an acute event.

PDB72
THE COST OF SPECIALIZED HOSPITAL CARE FOR PATIENTS WITH DIABETIC FOOT ULCERS IN RUSSIA

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OBJECTIVE: To assess the direct medical costs for aggressive limb preservation treatment of diabetic foot ulcer (DFU) in a highly-specialized hospital setting in Russia. METHODS: A retrospective data analysis of 156 admissions during 1 year period was conducted. Mainly forgotten patients (assessed in clinic and surgical treatment and laboratory testing) for treatment of DFU in a highly-specialized inpatient department in Russian setting (Federal Endocrinology Centre). RESULTS: The median cost of hospital treatment was 2270 EUR and EUR 1099 for the emergency visit. Men were slightly more likely to have hospital treatment. The wide database (LRx; IMS Health) in Germany covering 74% of the population was used to calculate the cost of care. CONCLUSIONS: Patients initiated on metformin were more likely to take a dose of insulin following a MP without test-strips, lost work productivity and health care resource utilization. Compared to patients with diabetes mellitus type 2 (DM2), patients with diabetes mellitus type 1 (DM1) are at higher risk of developing diabetic foot ulcer and may be more serious obstacles to optimal diabetes control.

PDB73
PERSISTENCE PATTERNS WITH ORAL HYPOGLYCEMIC MEDICINES (OHM) IN NEWLY TREATED IRISH PATIENTS WITH TYPE 2 DIABETES MELLITUS (T2DM)

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OBJECTIVES: To describe persistence patterns to OHM in newly treated Irish patients with type 2 diabetes. The study also investigated the effect of age, gender, reimbursement scheme and type of OHM on persistence. METHODS: A population based retrospective cohort study was conducted using national pharmacy claims databases, including two community drugs schemes, Long Term Illness, (LTI, non-tested) and General Medical Services (GMS, means tested). Newly treated T2DM patients were identified for 2008-2009, having received no OHM in the previous year, and followed for 24 months. All patients (age groups: <6, 6-<12, 12-<18, 18-<25 years) with new prescriptions of insulin pumps or related material were identified (2009-2011) and were followed for ≥2 years. RESULTS: Overall, 3507 new pump users were identified, of whom 177 (5.8%) switched to other agents in the same year. The median time to non-persistence was 51.5 days. Men were slightly more likely to discontinue treatment than women. Ignatyeva V. 2010. General Medical Services (GMS, means tested). Newly treated T2DM patients were more likely to be persistent than patients aged ≥65 (OR=0.50; 95%CI=0.34 to 0.72; p<0.001) and 18-25 years (OR=0.56; 95%CI=0.39 to 0.81; p<0.01). CONCLUSIONS: Persistence amongst newly treated T2DM patients appears to be lower than the value of OHM, age and scheme were all significantly associated with persistence. Prescribers should pay particular attention to newly treated patients covered under the GMS scheme, at the extremes of age and those initiated on sulphonylureas were less likely to be persistent than those initiated on metformin (OR=0.50; 95%CI=0.34 to 0.72; p<0.001) and other agents in the same year. Insulin pumps were less likely to be persistent than those initiated on metformin (OR=0.56; 95%CI=0.39 to 0.81; p<0.01). Patients initiated on sulphonylureas were less likely to be persistent than those initiated on metformin (OR=0.50; 95%CI=0.34 to 0.72; p<0.001) and other agents in the same year.}

PDB75
THE IMPACT OF MEMORY PROBLEMS ON DIABETES TREATMENT IN THE UNITED KINGDOM

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OBJECTIVES: The impact of memory problems (MPs) on patient’s insulin taking behavior, functioning, well-being and diabetes management is not well understood. METHODS: A 5 country web-based survey was conducted. MPs were defined as: unintentionally forgetting to take insulin, glucose or other insulin (GLP) when it had been taken (QT), or questioning how much insulin dose was taken (QD). Data from Canadian respondents were analyzed and compared to the other countries (US, UK, Germany, and Canada). RESULTS: A total of 350 respondents in each country were recruited. Patients aged 56.9% (QD) –6.8 (UF) extra BG monitoring tests the week following the MP and reported moderate negative impacts on their ability to work, physical and emotional functioning. Compared to patients in other countries (N=1404), Canadian respondents were reported significantly longer recovery times for returning to normal blood glucose levels and 4.9% (UF) and 18.6% (UF) visited/consulted their health care provider as a result of a MP compared to respondents in the other countries. CONCLUSIONS: These findings suggest that MPs have economic implications, impact patients’ functioning and well-being and may be serious obstacles to optimal diabetes control.

PDB76
DO FIXED-DOSE COMBINATIONS IMPROVE ANTIDIABETIC TREATMENT COMPLIANCE? A STUDY BASED ON FRENCH IMS LIFELINK DATABASE ANALYSIS

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OBJECTIVES: To compare antidiabetic treatment compliance with regard to fixed or free treatments combination. METHODS: A retrospective study based on the French IMS LIFELINKSM Database. Analysis of a representative sample of newly treated diabetic patient database containing the electronic health records of patients followed-up by a representative panel of French general practitioners. Two cohorts of patients were constituted, the first one treated with fixed dose combinations (‘fixed cohort’), the second one treated with free associations (‘free cohort’). Study investigated patients’ demographic and clinical characteristics, conditions of use, persistence rates, medication possession ratio (MPR) and adherence. RESULTS: Respectively 2234 and 8222 patients have been treated with free and fixed antidiabetic associations between 2007 and 2013. Patients are significantly older (66 vs. 64 years, p<0.01) in the free cohort where the proportion of men is significantly lower (56% vs. 63%, p<0.001). Nevertheless diabetes oldness is the same (about 10 years) in both.
cohorts. Daily number of prescribed tablets whatever the therapeutic classes is significantly higher in the free cohort (6.4 mg/day vs 3.1 mg/day of the first treatment year, significantly more patients of the fixed cohort are still treated by the same association regardless daily doses or potential add-on treatments (85% vs. 72%, p<0.0001); moreover MPR is the same in both free and fixed cohort (64% vs. 65%). Significant statistical difference is significantly higher in the fixed cohort (60% vs. 54%, p<0.0001). CONCLUSIONS: Patients treated by fixed antidiabetic treatments associations seem to be more persistent than these treated by free ones at the end of the first year of treatment. These results will be consolidated soon by comparing two similar sub-cohorts with the same medical profile.

PDB78

IMPACT OF DOSAGE AND SEVEN OTHER FACTORS IN THE ADHERENCE TO ORAL MEDICATION IN PEOPLE WITH DIABETES TYPE 2 IN GERMANY

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OBJECTIVES: Low adherence to medications in chronic diseases is a well documented problem that diminishes drug actions. Understanding the factors that could contribute to adherence is of important. Diabetes adherence can be influenced by the complexity of administration of some medications as well as patients’ attitudes and doctor/patients interaction. This study evaluates the influence of the following variables in the adherence of people with diabetes: Dosage, patient age, gender, substance, price of drug, pack size, pack strength and doctor specialty. METHODS: Adherence was calculated using the medical possession ratio (MPR) = unique days of therapy/available days. A logistic regression was conducted to explore the multiple variables affecting the MPR. RESULTS: The analyses included 25 months (from July 2009 to July 2011) of longitudinal prescription data for Germany for the ATC class A10 (oral antidiabetic). We found significant effects of adherence for age groups 55-64 (0.0909 p<0.0001), 65-74 (0.1266, p<0.0004) and >75 (0.0868, p<0.0155), dosage (0.7464, p<0.0001), gender (0.0493 p<0.001), pack size (0.0119, p<0.0001), doctor specialty (0.0251, p<0.0286) and 78% of all substances. Adherence turns to be negatively influenced by dosage and younger age groups. Price does not seem to have an influence. Perhaps this is because the health care system in Germany reimbursed all oral antidiabets. Metformin has the greater odds for poor adherence aside from the recent warnings for Glitazones. Gender is a weak predictor for adherence. When comparing specialists with general practitioners, the odds of adherence are decreased with age (68.2 vs 83.9, 62.4 vs 79.2; 54.9 vs 78.1, 50.2 vs. 69.8 in consecutive age groups). A similar relationship was observed with EQ-5D index. The largest mean difference was observed among men aged 55-64 years (EQ-VAS: 23.2, EQ-SID index: 0.085). In three domains: self-care, usual activities and anxiety/depression, patients with diabetes above 45 years of age, reported significantly more problems than patients from the general population. CONCLUSIONS: These results seem to illustrate diminishing marginal disutility with increasing numbers of hypoglycemic events. This fits with the phenomenon of “first being worst” with regards to hypoglycaemia.

PDB82

QUALITY OF LIFE IN PATIENTS WITH TYPE 2 DIABETES IN POLAND: COMPARISON WITH GENERAL POPULATION USING EQ-5D QUESTIONNAIRE

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OBJECTIVES: To compare the health related quality of life (HRQoL) in Polish patients with type 2 diabetes (T2D) and in matched sample from the general population. The data come from two non-interventional studies: prospective study of patients with T2D and EQ-5D Polish general population norms study. Analysis of HRQoL was conducted in four separate age groups: 32-44, 45-54, 55-64 and 65+ years. We analysed an objective and subjective approach to measurement of HRQoL (EQ VAS and EQ-5D index) and the presence of restrictions within five dimensions of the EQ-5D descriptive part. RESULTS: A total of 274 patients with T2D and 214 representatives from population norms study, were included. EQ VAS was systematically lower in diabetic patients compared to the general population, and decreased with age (68.2 vs 83.9, 62.4 vs 79.2; 54.9 vs 78.1, 50.2 vs. 69.8 in consecutive age groups). A similar relationship was observed with EQ-5D index. The largest mean differences were observed among men aged 55-64 years (EQ-VAS: 23.2, EQ-SID index: 0.085). In three domains: self-care, usual activities and anxiety/depression, patients with diabetes above 45 years of age, reported significantly more problems than patients from the general population. CONCLUSIONS: These results seem to illustrate diminishing marginal disutility with increasing numbers of hypoglycemic events. This fits with the phenomenon of “first being worst” with regards to hypoglycaemia.

PDB83

UTILITIES FOR TYPE 2 DIABETES MELLITUS AND ASSOCIATED COMPLICATIONS

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OBJECTIVES: The impact of type 2 diabetes mellitus (T2DM) on health related quality of life (HRQL) is complex due to the burden of disease, lifelong treatment requirements and comorbidities. This study aimed to capture UK societal utility values for health states associated with T2DM and treatment-related adverse events (AEs) to assist clinicians and the decision- makers in evaluating T2DM and its related AEs. Utility values were developed from a literature review and patient and clinician qualitative input depicting the burden associated with T2DM and treatment related AEs. These were mild/moderate urinary tract infection (UTI); severe UTI, mycotic infection, moderate hypoglycemic events; severe hypoglycemic events, fear of hypoglycaemia, gastrointestinal symptoms; and hypovolaemic events. Members in infection; moderate hypoglycaemic events; severe hypoglycaemic events; fear of hypovolaemia; gastrointestinal symptoms; and hypovolaemic events. Members in infection; moderate hypoglycaemic events; severe hyperglycaemic events; fear of hypovolaemia; gastrointestinal symptoms; and hypovolaemic events. Members in infection; moderate hypoglycaemic events; severe hypoglycaemic events; fear of hypovolaemia; gastrointestinal symptoms; and hypovolaemic events. Members in infection; moderate hypoglycaemic events; severe hypogly...