41 841 (€EUR 1 518) per one patient. The total average cost per one type-2 diabetes patient was CZK 55 956 (€EUR 2 031) in 2014. CONCLUSIONS: Our data indicate that the cost of type 2 diabetes mellitus is CZK 55 956 (€ 2 031). A longitudinal study is, however, required to confirm the development of the average patient cost and take account of the cost of complications.

PDB38 COST OF ILLNESS ANALYSIS IN PATIENTS WITH DIABETIC FOOT SYNDROME IN THE REPUBLIC OF BELARUS
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OBJECTIVES: diabetic foot syndrome (DFS) is expensive complication of diabetes leading to disability. There are costly innovative drugs that can make complications more treatable. It is necessary to obtain evidence-based therapeutic costs-efforts. The aim of the study was to determine the economic burden of DFS in health care of the Republic of Belarus. METHODS: "cost of illness" analysis for outpatient and inpatient treatment of DFS patients has been performed. A retrospective study of 2,505 inpatient stays with surgery for glaucoma, 1,438 stays with vitrectomy and 204 stays with "big" amputation was conducted. The impact of diabetes on LOS/cost was assessed through Wilcoxon non-parametric tests. CONCLUSIONS: patients with T2D-assocated comorbidities increased as follows: cerebrovascular disease (12.1 to 12.7), peripheral vascular (3%-10%), nephropathy (3%-13%), and retinopathy (3%-13%). The loss of productivity costs among US diabetes patients is substantial, which is amplified by the presence of obesity. This study highlights the importance of obesity control in order to reduce costs and enhance productivity in patients with diabetes.

PDB40 HOSPITALIZATION COST AND LENGTH OF STAY ASSOCIATED WITH OPHTHALMOLOGICAL SURGERY DEPENDING ON THE DIABETIC STATUS
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OBJECTIVES: With the introduction and delisting of some glucose-lowering medications, pharmacological treatments in T2D have changed in the recent years and details of the current drug use patterns are not known. This descriptive study aims at describing the treatment patterns of patients with type 1 and type 2 diabetes and to estimate the cost of use of antihyperglycemic agents in France in 2013. METHODS: A random sample of ~600,000 patients registered in the French national health insurances reimbursement database was used. Patients with diabetes were identified through their use of glucose-lowering medication and coding of hospital stays and long-standing condition insurance coverage in the database. Drug utilization pattern of antihyperglycemic agents were estimated considering prescriptions in Q4 2013 and compared to data from Q4 2007. RESULTS: Overall 28,798 patients with T2D (estimated database prevalence 4.5%, 8.8% in people aged 40 and over) were identified in 2013. Mean age was 67.5 (SD 12.9), 54.1% were male. In Q4, 41.2% of T2D pharmacological treatments used 1 drug, 22% used 2 or more medications. The use of metformin increased from 2006 to 2012 in all age groups (66% among monotherapy in 2013 versus 50% in 2007). All thiazolidinediones and some sulfonylureas treatments were replaced by DPP-4 inhibitors and to a much lesser extent with GLP-1 analogs. CONCLUSIONS: Antihyperglycemic prescription patterns in France have changed in recent years in parallel with the introduction of different classes of medications to the marketplace but probably also in an attempt to improve glycemic control of patients. Knowledge of real life pattern of drug utilization remains an important dimension to better understand therapeutic needs in T2D management.

PDB41 PRODUCTIVITY LOSS COSTS ATTRIBUTABLE TO OBESITY IN WORKING PATIENTS WITH DIABETES IN THE US
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OBJECTIVES: Changes in healthcare resource utilization by Type 2 diabetes (T2D) patients over time are important for understanding the effects that treatment paradigms may have on costs of disease. This study was a longitudinal assessment of real-world claims data which followed changes in treatment costs for a single cohort of US T2D patients. Methods: MarketScan® Database was examined for claims data from US-based T2D patients. Inclusion criteria were: at least 2 diagnoses according to ICD-9 codes for T2D, or 1 T2D diagnosis and a possible missdiagnosis for type 1 diabetes, ≥18 years of age, continuous enrollment starting from 2006 (index year) to 2012 in a plan with prescription benefits, and at least 1 prescription for any antihyperglycemic drug. All-causes of inpatient and outpatient services, medications, and supplies were analyzed. RESULTS: From 2006-2012, total annual outpatient costs increased from $9,817 to $12,551, adjusted to 2012 levels. Costs for outpatient services grew 33% ($4,214-$5,645/outpatient). Outpatient emergency room costs increased 20% ($1,462-$1,745), and inpatient ER costs increased from $9,817 to $12,551, adjusted to 2012 levels. Costs for outpatient services grew 33% ($4,214-$5,645/outpatient). Outpatient emergency room costs increased 20% ($1,462-$1,745), and inpatient ER costs increased from $9,817 to $12,551, adjusted to 2012 levels.

PDB42 COST OF COMBINED IMPROVEMENTS IN HBA1C AND WEIGHT WITHOUT HYPOGLYCEMIA OVER 4 YEARS IN A POST-HOC ANALYSIS OF THE DAPAFLGINAZON + MET VTS STUDY
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OBJECTIVES: The SGLT2 inhibitor dapagliflozin (DAPA) increases glucosuria in an insulin-independent manner resulting in reductions in hyperglycemia, weight and a low risk of hypoglycemia. Glipizide (GLIP) reduces hyperglycemia by increasing beta cell insulin secretion with risk of hypoglycemia and weight gain. We conducted a cost analysis of treating patients over 4 years to two relevant composite endpoints: (1) HbA1c lowering of ≤ 0.5%, no major or minor hypoglycemic events and weight loss ≥ 5%, and (2) HbA1c tertaining of ≤ 5%, no major or minor hypoglycemic events and weight loss ≥ 5%. METHODS: The Cardiff Diabetes model of "big" amputation is 5248 (from 647 to 13,556) per hospitalization and 1099 (from 150 to 2,761) per outpatient direct medical costs are 259 (78 to 636) per stay increased from $2,776-$3,261. From 2006-2012, mean total days/stay/inpatient services grew 33% ($4,214-$5,645/outpatient). Outpatient costs/1-day stay rose from $3,473 to $4,322, and inpatient ER costs/1-day rose from $2,869 to $3,565. From 2006-2012, total annual costs/patient increased from $2,869 to $3,565. From 2006-2012, total annual costs/patient increased from $2,869 to $3,565.