defined as a symptomatic condition that required the assistance of a third person and was much less clearly observed for the macrovascular/microvascular/hospitalization risk and for young/less comorbid patients. CONCLUSIONS: Both blood pressure and HbA1c seem to be very important treatment targets, especially in comorbid old patients. Both over- and under-treatment pose a threat to patients with type 2 diabetes mellitus.

PD22
RISK OF FRACTURE IN TYPE 2 DIABETES MELLITUS PATIENTS: META-ANALYSIS OF OBSERVATIONAL STUDIES
Shah S1, Balijepalli C1, Sarwar K1, Druyts E2, Silaman G3, Naidu M1, Dang A1
1MarktsMan Healthcare Solutions LLP (HEOR and RWE Consulting), Navi Mumbai, India, 2S.J.M. College of Pharmacy, Chitrarduara, India

OBJECTIVES: Patients with type 2 diabetes mellitus (T2DM) display a unique skeletal phenotype with normal or more frequently increased bone mineral density and impaired structural and geometric properties. Alterations in bone material properties seem to be the predominant factor leading to increased bone fragility and the occurrence of fractures. The current view and meta-analysis of observational studies is conducted to assess the association between T2DM and fracture risk. METHODS: A systematic literature search was performed in Medline and EMBASE databases. "Abstracts" from annual scientific meeting of various diabetes and bone and mineral society were identified to identify relevant fracture risk in subjects with T2DM in comparison with subjects without diabetes were included. Heterogeneity was calculated by performing I2 statistics. Summary relative risk (RR) estimates and 95% confidence intervals (CI) were calculated using random-effects models. RESULTS: Twelve studies met the inclusion criteria reporting 25,848 fracture events among 6,12,748 subjects without diabetes (4.2%) and 8670 fracture events among 2,12,011 subjects with T2DM (4.0%). The test of homogeneity for random relative risk (RR) of any fracture in subjects with T2DM was 9.11 (95% CI 0.75 – 1.11, p=0.375). The pooled RR for any fractures in women with T2DM was 0.907 (95% CI 0.735-1.118, 10 studies) compared to subjects without diabetes. The pooled RR for any fracture of those with T2DM was 0.95 (95% CI 0.80-1.13) compared to subjects without diabetes. Sensitivity analysis demonstrated stability of results after removing outliers. No publication bias was observed on visual analysis of funnel plots. Our meta-analysis suggested that T2DM is not at increased risk of incidence of fractures as compared to non diabetic subjects.

PD23
HETEROGENEITY IN THE DEFINITION OF DRUG INDUCED HYPOGLYCEMIA IN CLINICAL TRIALS: A REVIEW
Baiyeripalli C, Sarwar K, Druyts E, Silaman G, D personally, many patients’ age, male gender, the adapted Charlson-Comorbidity-Index, the adapted Diabetes-Complication-Severity Index, previous events, and number of prescribed chronic medications. For systolic blood pressure/HbA1c, a double J/U-curve pattern was detected. HbA1c of 6.5-6.5 and systolic blood pressure of 130-140mmHg were associated with the lowest event risk, values below/above that range were associated with higher risk. However, this pattern was mainly driven by outliers. No publication bias was observed on visual analysis of the data. The pooled relative risk (RR) estimates and 95% confidence intervals (CIs) were calculated to quantify healthcare resource consumption related to emergency transport and hospitalisation risk and for young/less comorbid patients. CONCLUSIONS: Both blood pressure and HbA1c seem to be very important treatment targets, especially in comorbid old patients. Both over- and under-treatment pose a threat to patients with type 2 diabetes mellitus.

PD25
THE NHS EXPENDITURE MANAGING SEvere HYPOGLYCEMIA EPISODES IN TYPE 2 DIABETIC PATIENTS IN PORTUGAL
Laires PA1, Conceição J1, Araújo P2, Doreis J1, Silva C2, Radicans L3, Nogueira AM2
1Merk Sharp & Dohme, Oeiras, Portugal, 2Hospital Beatriz Angelus, Louoro, Portugal, 3Hospital Santiago de Portu, Porto, Portugal

OBJECTIVES: Hypoglycaemia is an acute complication of diabetes that increases morbidity, mortality and disease costs. We aimed to estimate the annual NHS expenditure managing severe hypoglycemia episodes in type 2 diabetic patients in Portugal. METHODS: HIPOS-ER (Hypoglycemia in Portugal Observational Study – Emergency Room) study was an observational, cross-sectional, multicenter, hospital-based study conducted on all hospitals and outpatients centers of Portugal that were mainly centres of Portu within a period of 12 months (January 2013 - January 2014). Patient level data were used to quantify healthcare resource consumption related to emergency transport and hospitalisation risk and for young/less comorbid patients. Our meta-analysis suggested that T2DM is not at increased risk of incidence of fractures as compared to non diabetic subjects.

PD26
COSTS FOR DIABETIC PATIENTS RECEIVING DIPEPETIPEPTIDASE-4 (DPP-4) INHIBITORS IN US MEDICARE AND COMMERCIAL INSURANCE PLANS
Rascati KL1, Worley K2, Tornesi T3, Meah Y3
1The University of Texas at Austin, College of Pharmacy, Austin, TX, USA, 2CHI, Humana, Inc., Louisville, KY, USA, 3Humana Inc., Louisville, KY, USA

OBJECTIVES: Objectives: The main aim of the study was to examine whether patients who are managed by a DPP-4 inhibitor have a substantially lower time use for a subset of health services. We also examined factors associated with lower use of services. METHODS: We included patients who were prescribed a DPP-4 inhibitor for their diabetes medication. We compared the costs for insulin, oral hypoglycemic agents, and DPP-4 inhibitors for patients who were prescribed a DPP-4 inhibitor versus those who were prescribed only oral hypoglycemic agents. RESULTS: The study found that the average annual cost per patient for patients who were prescribed a DPP-4 inhibitor was $5,672, while the average annual cost for patients who were prescribed only oral hypoglycemic agents was $6,492. This is a savings of $820 per patient per year.}

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