hypoglycemia were 60, 189 and 695 per event separately. CONCLUSIONS: Hypoglycemia is common acute side effect in treatment of T2DM patients, which associated with considerable health and economic burden to patients and their family.

PDB62

TYPE 2 DIABETES IN RUSSIA: PREVALENCE, RISK FACTORS, AND BURDEN

Dionisventura MD1, Konsevaya A2, Ishershov G3

1Kantar Health, New York, NY, USA; 2State Research Center for Preventive Medicine, Moscow, Central Federal, Russia; 3Kantar Health, Epson, Surrey, UK

OBJECTIVES: Although the prevalence of type 2 diabetes (T2D) is dramatically increasing worldwide, data on the prevalence, prevalence of those at risk, and the burden of these patients in Russia is lacking. METHODS: The data source for the current analysis was the 2011 Russia National Health and Wellness Survey (NHWS), a cross-sectional patient-reported health survey of adults in Russia (N = 10,039). Respondents who reported a diagnosis of T2D were compared with non-T2D controls on health status (measured using the SF-12v2), work productivity (measured using the WPAI: V2.0), and number and volume of resource use events using regression modeling controlling for sociodemographic and health history variables. Among respondents without a diagnosis of T2D, the prevalence and burden of key risk factors were reported. RESULTS: A total of 288 respondents in Russia reported a diagnosis of T2D (weighted prevalence: 2.7%). Among those not reporting a diagnosis, several risk factors were highly prevalent: 49.6% were overweight/obese, 17.5% had a family history of T2D, 34.5% currently smoke, 46.7% do not regularly exercise, and 20.2% have hypertension. Patients with T2D were older (57.9 v. 44.3), had a lower annual income (19.1% v. 11.2% had $20,000 USD), were more likely to be obese (44.8% v. 16.5%), and had a greater comorbidity burden (1.9 v. 0.4) (all p < 0.05). Adjusting for group differences, patients with T2D reported significantly worse physical health status (physical component summary scores: 43.46 v. 46.25, p < 0.001), and no significant differences were observed on work productivity and health care resource use. CONCLUSIONS: The prevalence of T2D in Russia is modest but may represent a large undiagnosed population, especially because the non-T2D population reported a significant number of risk factors. The burden of T2D was primarily observed among patients reporting T2D in health status. In addition, these results underscore the importance of proper prevention and treatment of T2D.

PDB63

IMPROVEMENTS IN HEALTH-RELATED QUALITY OF LIFE IN ACRONYM WITH PASIREOTIDE LAR AND OCTREOTIDE LAR: RESULTS FROM A LARGE, RANDOMIZED, DOUBLE-BLIND PHASE III TRIAL

Badia X1, Forsythe A2, Nelson LAM2, Coles TM2, Mcleod LD3, Webb SM4

1IMS Health, Barcelona, Barcelona, Spain; 2Novartis Pharmaceuticals, East Hanover, NJ, USA; 3RTI Health Solutions, Research Triangle Park, NC, USA; 4Hospital Sant Pau and CBERER 747, Universitat Autònoma de Barcelona, Barcelona, Spain

OBJECTIVES: Patients with acromegaly have significantly impaired health-related quality of life (HRQoL). Results from a randomized, phase 3 study demonstrate biochemical control at month 12 (baseline: 62.9 [18.9] vs. 55.1 [19.5]; month 12: 66.9 [16.6]). One overall, 38.6% of pasireotide LAR patients met the AcroQoL criteria for a clinically meaningful change vs. 34.3% of octreotide LAR patients. This pattern was consistent with those subjects initiating monotherapy, presentations and overworked from work productivity and also the loss of work productivity in T2DM. In this presentation, data on work productivity are reported. METHODS: Forty centres were selected from the list of 65 centres which the enrolling centres were representative of the country, since they were selected by two-stage cluster sampling. Data on work productivity were collected via “Work Productivity and Activity Impairment Questionnaire: General Health V2.0 (WPAI:GH)”. RESULTS: A total of 657 patients were included in the analysis. The percentage of patients, who had a job, at the time of the study conducted, was 14.0%. This figure was lower in patients with olpasortal complications (8.7% v. 15.9%; p = 0.020) and with cardiovascular complications (4.1% v. 15.7%; p = 0.002). Mean scores of absenteeism, presenteeism and overworked from work productivity were 23.5 ± 6.3; 64 ± 18.8% and 38.6 ± 37.8%, respectively. Overall impairment score of daily activities was 31.3 ± 29.2%. Patients with metabolic complications and cardiovascular complications had reported more impairment (for non-significant) for metabolic complications 32.4% v. 19.4%; p = 0.11, for cardiovascular complications 41.1% v. 21.1%; p = 0.10. Overall impairment score of daily activities was 31.3 ± 29.2%. CONCLUSIONS: DM is a disease that significantly impair the opportunity to have a job, and also impair the work productivity and daily activities of patients. This impairment is correlated with the presence of systemic complications. Thus, prevention or effective treatment of complications in DM is crucial to improve the social and economic consequences of the disease.

DIABETES/ENDOCRINE DISORDERS - Health Care Use & Policy Studies

PDB65

IMPAIRMENT OF WORK PRODUCTIVITY AND DAILY ACTIVITIES IN TURKISH PATIENTS WITH TYPE 2 DIABETES MELLITUS

Satman I1, Akalin S2, Özdemir O3

1Trakya University, Istanbul Faculty of Medicine, Istanbul, Turkey, The Foundation of Marmara University, School of Medicine, Istanbul, Turkey, 2Forum Consulting Co. Ltd., Istanbul, Turkey

OBJECTIVES: An update of health economics analysis of type 2 diabetes mellitus (T2DM) in adult population in Turkey was performed. The objectives of the analysis were to determine the direct cost components caused by T2DM and its complications and also the loss of work productivity in T2DM. In this presentation, data on work productivity are reported. METHODS: Forty centres were selected from the list of 65 centres which the enrolling centres were representative of the country, since they were selected by two-stage cluster sampling. Data on work productivity were collected via “Work Productivity and Activity Impairment Questionnaire: General Health V2.0 (WPAI:GH)”. RESULTS: A total of 657 patients were included in the analysis. The percentage of patients, who had a job, at the time of the study conducted, was 14.0%. This figure was lower in patients with olpasortal complications (8.7% v. 15.9%; p = 0.020) and with cardiovascular complications (4.1% v. 15.7%; p = 0.002). Mean scores of absenteeism, presenteeism and overworked from work productivity were 23.5 ± 6.3; 64 ± 18.8% and 38.6 ± 37.8%, respectively. Overall impairment score of daily activities was 31.3 ± 29.2%. Patients with metabolic complications and cardiovascular complications had reported more impairment (for non-significant) for metabolic complications 32.4% v. 19.4%; p = 0.11, for cardiovascular complications 41.1% v. 21.1%; p = 0.10. Overall impairment score of daily activities was 31.3 ± 29.2%. CONCLUSIONS: DM is a disease that significantly impair the opportunity to have a job, and also impair the work productivity and daily activities of patients. This impairment is correlated with the presence of systemic complications. Thus, prevention or effective treatment of complications in DM is crucial to improve the social and economic consequences of the disease.

DIABETES/ENDOCRINE DISORDERS - Health Care Use & Policy Studies

PDB66

QUANTIFYING THE IMPACT OF POOR GLYCAEMIC CONTROL COMPARED WITH GUIDELINES IN THE TREATMENT OF TYPE 2 DIABETES IN UK CLINICAL PRACTICE

Mcewan P1, Bennett H2, Bergenheim K3

1HEED Consulting, Musselburgh, Musselburgh, UK; 2Swansea University, Cardiff, UK; 3AstraZeneca, Milton, Sweden

OBJECTIVES: Cardiovascular disease is the major cause of death in patients with type 2 diabetes (T2DM) and long-term follow-up from UKPDS showed improved glycaemic control was associated with risk reduction for both myocardial infarction and death. The objective of this study was to quantify the expected difference in long-term outcomes associated with blood glucose treated to target compared with levels observed in clinical practice. METHODS: Data from UK primary care (THIN) were used to obtain the demographic and general practice characteristics of patients initiating monotherapy, dual therapy, and insulin-based therapy between 2005 and 2009. The Cardiff Type 2 Diabetes Model was initiated with cohort profiles consistent with those subjects initiating monotherapy, and HbA1c change over time was implemented under three scenarios: (1) mean HbA1c target was 7.5% (HbA1c = 58 mmol/mol), (2) therapy escalation occurring at a threshold of 7.5%, and (3) therapy escalation occurring at mean HbA1c levels observed in clinical practice. A 60-year time horizon was used. Costs and benefits were discounted at 3.5%. Baseline data were available for a maximum of 7 years from the dates of treatment initiation. RESULTS: The average expected HbA1c was 7.1% (30 mmol/mol). Under scenario 1, total predicted costs (TC), life expectancy (LE), and quality-adjusted life-years (QALYs) were £11,058, £11,571, and 0.035 QALYs, respectively. Under scenario 2, TC increased to £14,914, while LE and QALYs decreased to 15.6 years and 12.8 QALYs, respectively. Under scenario 3, TC increased to £14,914, while LE and QALYs decreased to 15.6 years and 12.8 QALYs, respectively. CONCLUSIONS: Failure to achieve glycaemic goals results in decreased life quality and postsd adjusted life expectancy and excessive health care costs. Given current budgetary constraints, an ageing population, and increasing obesity, it is imperative that patients with T2DM are optimally managed in routine clinical practice.