Association (ADA) guidelines were simulated. Cost of treatment and complications were based on officially published sources for medicines prices (www.mh.gov.ment), for hospital charges (www.nhif.bg) and verified by expert opinion survey (1 BGN = 0.51 EUR). Future costs were discounted with 5%. RESULTS: Treatment to targets postpones minor complications by up to 4 years, delays major complications by 3 to 4 years and extends life expectancy from diagnosis by 3 years compared to the treatment without costs of drugs, increased in the analysed period at similar rate (type 1 – 22.7%, type 2 – 22.1%). The highest costs are associated with treatment of diabetes complications. The total cost of treatment of DM showed in the analysed period an upward trend. The indirect costs are mainly determined by loss of productivity cost of pensions for incapacity for work and cost of rehabilitation. The number of diabetic patients receiving pensions for incapacity for work is declining, but this trend is being seen in the whole disability pensions system in Poland.

CONCLUSIONS: From year to year DM causes a growing economic burden on the health care and to the Polish society in terms of health care and productivity losses.

PDB33

ESTIMATING THE REAL LIFE DAILY USAGE AND DAILY COST OF GLP-1 RECEPTOR AGONISTS IN THE UK SETTING

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OBJECTIVES: To estimate annual treatment costs attributable to obesity (TC-ATO) in diabetes patients in the US. METHODS: The study used Medical Expenditure Panel Survey data from 2001-2008, a nationally representative sample of US non-institutionalized population. Diabetes patients(>18 years old) were identified using HCUP-NAMCS code 250, clinical classification codes 049 and 050, or physician reported diagnosis. Patients were classified as normal (body mass index(BMI)18.5–24.9 kg/m^2), overweight (BMI 25–29.9 kg/m^2), and obese (BMI ≥ 30 kg/m^2). The age group which indicates delay in diagnosing diabetes and accompanying complications is associated with the cost of Diabetes management to Cocoa clinics. CONCLUSIONS: The cost of managing Diabetes Mellitus and accompanying complications can be used to forecast the economic burden of the disease to the clinics. The mean age indicates delay in diagnosing diabetes and accompanying complications which has cost implications. This calls for policies that will help in the early detection in clinical practice and effective management protocols by Cocoa clinics.

Keywords: Diabetes, financial cost, Cocoa clinics, complication, Cost-of-illness, Ghana.
OBJECTIVES: Glucagon-like peptide-1 (GLP-1) receptor agonists are indicated to improve glycemic control in adults with Type 2 diabetes mellitus. The maximum daily licensed dosages in the UK are 24μg and 1.8mg for exenatide and liraglutide respectively. The costs of factors such as glycaemic control, cost impacts should be considered when selecting treatments. The aim of this analysis was to describe the real-world daily usage and cost of exenatide BID and liraglutide in the UK setting.

METHODS: Data and study period: UK records between October 2008 and March 2011 from the IMS Dynamic Prescription database. This database captures data on all prescription transactions (45% national coverage) of actual prescriptions dispensed, linked to individual patients (anonymized). Inclusion criteria: patients who had filled a prescription for a GLP-1 receptor agonist at least twice during the study period, all key prescription fields are complete. The weighted average daily usage was calculated for each product using the total volume of product dispensed and the number of patients filling prescriptions per month.

Drug costs (British National Formulary 61, 2011) were applied to estimate average daily cost (ADC). Key assumptions: patients are not stockpiling or disposing of drug; each prescription equals one pack; patients are filling their prescriptions at the same pharmacy.

RESULTS: Data was available for a total number of unique patients of 19,200 and 12,690 for exenatide BID and liraglutide (data available from July 2009) respectively. The average daily usage during the investigated time period was estimated to be 20.49μg for exenatide and 1.51mg for liraglutide, with an estimated ADC of £2.53 and £3.29 respectively.

CONCLUSIONS: Based on the data described, GLP-1 receptor agonists are being dispensed in amounts within an acceptable range of the maximum daily licensed dosage. The ADC appears to be 30% higher for liraglutide with an estimated additional daily spend of £0.76.