PATIENTS’ AND PROFESSIONALS’ PREFERENCES FOR TYPE 2 DIABETES MELLITUS TREATMENTS (T2DM) IN SPAIN AND PORTUGAL. A DISCRETE CHOICE EXPERIMENT

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OBJECTIVES: To assess the preferences of Spanish and Portuguese patients and physicians regarding T2DM treatments and the monthly willingness to pay (WTP) for gaining benefits or avoiding side effects. METHODS: An observational, multicenter, employ study focused on routine clinical practice in Spain and Portugal. Professionals were recruited from diverse hospitals and outpatient’s clinics while patients were recruited from 11 centers operating in the public healthcare system in different autonomous communities in Spain and in Portugal. Preferences were measured using a discrete choice experiment (DCE) with a random utility logit model. RESULTS: 221 professionals from the Spanish and Portuguese NHS (62% female; mean age 41.9 [SD: 10.5]; 33.5% endocrinologists, 66.5% GP) and 330 patients (49.7% female; mean age 62.4 [10.1]; mean disease duration 13.89 (8.82) years, mean BMI 32.05 (6.82), 41.8% received oral + injected medication, 40.3% received oral and 17.6% injected treatments) participated. Professionals placed the most value on avoiding one hypoglycemia per week [WTP: 287.186 (85% CI: 160.31 - 1.387.21), followed by avoiding weight gain (5.76% of patients had no concern with body weight) and Kgs/months of adverse events [WTP: 166.87 (88.63 - 843.09) and 154.30 (98.13 - 434.19), respectively]. Patients placed the most weight on the average value [WTP: 68.14 (54.55 - 85.08) to avoid gaining 3 kg/month], followed by avoiding one hypoglycemia event per month [WTP: 5.80 (21.29 - 82.26)]. Professionals and patients were willing to pay 125% (73.30 - 622.75) and 24.8% (18.41 - 30.31), respectively, to avoid increasing 3% of HbA1c and 3% of BMI, respectively, for avoiding nausea. CONCLUSIONS: Both patients and professionals are guide to their preferences and are willing to pay for the health benefits associated with improved diabetes treatment; being the most important avoiding hypoglycemia and gaining weight. Decrease in cardiovascular risk and weight reduction became the third most valued attributes for professionals and patients, respectively.

CONCLUSIONS: The qualitative study conducted was addressed critical gaps on how type-2 diabetes patients using basal insulin understand the concept of their diabetes “being in control”. METHODS: Forty-nine type-2 diabetes patients on basal insulin (focus groups N=45, individually N=4) and 9 health care providers (HCPS), were interviewed in Sweden, Denmark, UK, and Switzerland. Patients were asked about their understanding of control, obstacles to achieving and how they manage their treatment. Qualitative data, no guided questions were asked. They were transcribed, coded and qualitatively analyzed, based on grounded theory, to identify and quantify emerging themes. RESULTS: The mean age of patients was 64 (range: 49-76 years). 75% were female. 50% had uncontrolled HbA1c. In contrast to the actual medical definition of control based on HbA1c (average plasma glucose value), 58% of patients associated diabetes control with factors other than HbA1c; 80% associated control with daily or hourly meter readings; 76% day to day variability; and 58% control was self-assessed by each patient. The qualitative study identified key symptoms/impacts of GHD disease and treatment in order to support the development of a patient-reported outcome measure (PRO) for diabetes. OBJECTIVES: To conduct a qualitative study to identify patients’ barriers to achieving target HbA1c in diabetes. METHODS: Focus groups and interviews were conducted with 39 children (age 8-12) and 47 parents of children (age 4 to 12) in 3 countries (Germany, UK, US). All interviews were transcribed, analyzed, and summarized using adapted grounded theory and deductive coding of existing themes and concepts. Based on the analysis, expert interviews and literature review, a conceptual model of GHD impacts was developed. RESULTS: Qualitative analysis found saturation of concepts was reached with 3 domains of impact: Physical, Social, and Emotional. Sub-concepts included strength/endurance (48%), appetite...