

Wistar rats, and a BID dosing for 28 days remarkably lowered serum triglyceride levels in many hyperlipidemic rodent models.

The data suggest that HD-0471042, not only is a dual secretagogue for insulin and GLP-1 release but also has an anti-obesity effect. We therefore suggest that HD-0471042 shows promise as a novel anti-hyperglycemic agent for the treatment of patients with T2DM and obesity.

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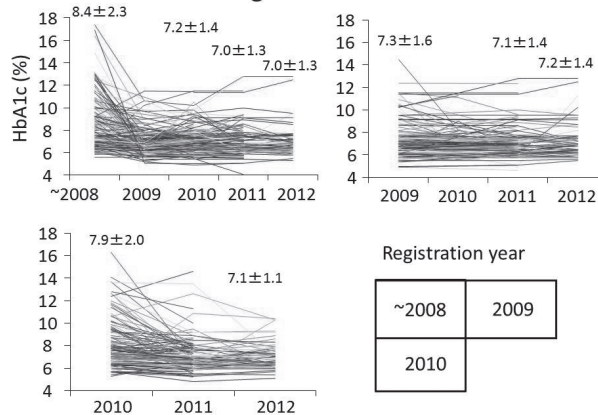
WITHDRAWN

2657-PO

Challenge of an Aging Society in Japan by Multi-Centric Community Medical Alliance for Diabetes Treatment

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The number of diabetic patients is increasing along with the progress of an aging society in Japan. Diabetes mellitus causes not only micro- and macroangiopathy, but also malignancy and cognitive decline. Therefore not only for its medical aspects, the rising economic burden of diabetes is predicted to become a critical issue. In order to propagate early detection and treatment of diabetes to promote healthy life expectancy, the Takatsuki Medical Association (TMA path)-driven and multi-centric community medical alliance critical path for diabetes treatment has established ongoing hospitals and clinics in Takatsuki area from November 2007. This system goes toward cooperation for team management of diabetes treatment by diabetologists in main hospitals and general practitioners in clinics (GPs). To evaluate TMA-driven path in five year and identify problems that need to be improved, clinical information of the patients was collected and analyzed. 1066 patients participated in the Path. HbA_{1c} of those attending clinics were around 7%. About 5% of patients were suffering from ischemic heart disease or stroke. 53.3% and 33% of total death were due to macroangiopathy and malignancy, respectively. As urinary tests as ophthalmologic consultations tend to be discontinued gradually, sustained educational activities are needed. The cooperation by diabetologists and GPs is a step forward for diabetes treatment and useful in an aging society.

change in HbA_{1c}

HEALTH CARE DELIVERY—ECONOMICS



Physicians' Prescribing Decisions and Associated Outcomes Among Type 2 Diabetes Patients

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Therapy choice for type 2 diabetes mellitus (T2DM) depends not only on patient clinical characteristics, but also the treatment patterns and preferences of physicians. We performed a retrospective group-level analysis of the association between physician prescribing patterns and average T2DM-related complication rates among each physician's T2DM patients. The 2007-2011 Humana claims data contain 7,905 commercially-insured patients (214,230 patient-months) aged 18-64 with an incident T2DM diagnosis. We regressed physician-level monthly complication rates (cardiovascular, lower extremity, ophthalmic, renal, neuropathy, and hypoglycemia) on 3-month-lagged rates of use of 11 T2DM therapy classes in each physician's practice, as well as patient and practice characteristics. Biguanides were the most commonly used (37.5% of patient-months), followed by sulfonylureas (SU) (10%). 20 of the 66 therapy class-complication rate associations were significant at 5%, of which the positive associations were these: SUs were associated with increased lower extremity, ophthalmic and renal complications, and various insulin classes with increases in those complications and hypoglycemia. The latter are likely due to patients being sicker or longer insulin-treated, but widespread 2nd line use of SU suggests those results are not due to confounders like unobserved severity. Classes associated with significant decreases in complications were: biguanides for renal and lower extremity, dipeptidyl peptidase-4 for cardiovascular and lower extremity, alpha glucosidase inhibitors for lower extremity, ophthalmic, neuropathy and hypoglycemia, meglitinides for cardiovascular and aminomimetics for hypoglycemia. A hypothetical change in SU use at a physician's practice from 0 to 100% would, we estimate, raise lower extremity complication rates by 22%, ophthalmic ones by 102%, and renal ones by 22% of their respective averages. Results imply physicians should prescribe SU with caution.

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Clinical Status of Individuals With Type 1 Diabetes in China: China Initiative for Diabetes Excellence (CIDE)

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In China the clinical status of individuals with type 1 diabetes (T1DM) is unclear. Due to schooling, economic and social biases, many individuals with T1DM are not identified and even among those identified, their clinical status is uncertain. To characterize the current clinical status of individuals with T1DM, we undertook a study with 200 endocrinologists participating in CIDE, a 2-year national training program under the auspices of the China Ministry of Health. Demographic and clinical data were collected on 375 persons with T1DM from 25 provinces treated at hospital-based ambulatory clinics. The subjects, aged 30±17 years with an average diabetes duration of 7.5±7.2 years, were equally divided by gender. Their HbA_{1c} distribution is shown in Figure 1. Rate of complications were assessed. There were 5% with cardiovascular disease, 15% with retinopathy, 26% with peripheral neuropathy, 13% with renal disease, 7% with peripheral vascular disease, and no amputations reported. These data are the first ever reported that represent the geographic and ethnic diversity that comprises the People's Republic of China. They show that glycemic control, as reported by HbA_{1c}, is not optimal; that the development or recognition of type 1 diabetes tends to be at a later age than Western countries and that the prevalence of complications, in light of the shorter duration, may be a consequence of delayed diagnosis, poor surveillance and/or inadequate glycemic control.