TREATMENT PATTERNS AND HEALTH OUTCOMES AMONG TYPE 2 DIABETES - WITH COMORBID OBESITY IN FRANCE, GERMANY, AND UK

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Abstract

Objectives: The aim of the current study was to examine patient characteristics, treatment patterns, and burden of type 2 diabetes (T2D) and obesity with and without comorbid obesity in France, Germany, and UK.

Methods: Data from the EU National Health and Wellness Survey 2006-2010 were used. Analyzed endpoints included prevalence of hypertension, high cholesterol, T2D current treatments, and healthcare resource (HRQoL) costs and usage. Clinical characteristics included demographics, T2D duration, smoking, alcohol intake, physical activity, and health outcomes were assessed using the SF-36v2 measure of health-related quality of life (HRQoL). The number of emergency department (ED) visits and hospitalization over six months were also measured.

Results: Obesity rates in T2D were 49%, 51%, and 56% in France, Germany, and UK, respectively. Pooling countries, T2D patients reported significantly lower levels of physical quality of life (France: 40 vs. 45; Germany: 39 vs. 44; UK: 37 vs. 42, respectively p<0.05). Hypertension and high cholesterol were significantly more prevalent among obese compared to non-obese T2D patients (all ps<0.05). Obesity in T2D patients was also more likely to have uncontrolled diabetes (HbA1c ≥7.0), and suffer from high cholesterol than non-obese T2D patients, but the association was only significant in Germany. Within each country, T2D patients who were obese also reported lower levels of PCS (all p<0.05) and health state utilities (all p<0.05). In the UK, T2D obese patients also reported significantly lower levels of MCS (all p<0.05).

Limitations

Due to the cross-sectional nature of the study’s research design and general nature of NHWS, scales causal inferences between T2D and obesity and health outcomes cannot be drawn. Further, all data were self-reported which may have introduced recall biases and self-presentation effects which could have increased the degree of measurement error. Finally, although we have assessed clinical characteristics (such as obesity morbidity burden and lifestyle factors), multiple scales may explain some of the health outcomes disparities observed in the current study.

Although the NHWS is broadly representative of each country population, estimates may not be generalizable to the respective country populations.

Due to the multifactorial nature of the disease, a more comprehensive understanding of the relationship between T2D and comorbid obesity is required.

Discussions

Due to the high prevalence of obesity among T2D patients, obesity should be allocated to the specific management of this subgroup.

References

8. D. Bonaventura, G. Isherwood, E. Eschwege, V. Le Pautremat, E. Eschwege, V. Le Pautremat. Improving obesity management will be the key to improve health outcomes among T2D patients. 33rd ISPOR Annual European Conference. 5-8 November 2011 / Madrid, Spain.