

Diabetes Experience

More than 40 staff with experience in diabetes projects including

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A Wealth of Experience

At RTI Health Solutions, we have collaborated with our clients on over 160 projects researching diabetes, diseases related to diabetes, or complications of diabetes. Our experience includes:

- Type 1 diabetes
- Type 2 diabetes
- Microvascular complications in diabetes including:
 - Diabetic retinopathy
 - Diabetic nephropathy
 - Peripheral neuropathy
- Macrovascular complications including:
 - Cardiovascular events related to diabetes
 - Peripheral vascular disease
 - Diabetic foot ulcers
- Obesity

Types of Projects

We have assisted our clients with numerous types of projects to inform their strategies in the diabetes market and to develop and gain market access for products to treat diabetes and complications arising from diabetes. Our projects have included:

- Disease prevalence, including prevalence of diseases related to the onset of diabetes
- Assessment of the impact of weight loss among obese individuals
- Therapy adherence studies
- Economic burden of illness studies
- Costs of treatment studies
- Summaries of existing therapies
- Preparation of value dossiers to gain formulary access
- Stated-choice studies between products for the treatment of diabetes
- Literature reviews
- Research gap analysis and publication planning
- Database analyses using cross-sectional and longitudinal databases
- Development of the value proposition for drugs indicated for diabetes
- Review of the disease state and the reimbursement and market access environments
- Patient-reported outcomes studies
- Development of survey instruments to assess symptoms and treatment options
- Development of decision-analytic models to predict disease prevalence and the budget impact and cost-effectiveness of treatment options
- Commercial assessment of products indicated for diabetes

Contact

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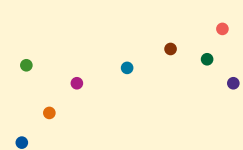
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See How We've Helped Others

Retrospective Chart Review

We conducted a retrospective study using medical chart data and the Minimum Data Set from elderly long-term care (LTC) facility patients who received basal insulin for the treatment of diabetes. Of the patients receiving basal insulin, more than 50% received sliding-scale insulin in co-administration with basal insulin, and insulin pen use was very low at 14.6%. Significant differences were observed between the basal insulin groups for glycated hemoglobin level and dosing frequency. Hypoglycemia was uncommon for both groups. Study data suggested basal insulin is underused in the LTC setting and is used with sliding-scale insulin at a worryingly high rate. Study results were published in *Clinical Interventions in Aging*, 2014 Oct 23;2014(9):1815-22.

Real-World Comparative Outcomes

We performed a retrospective data analysis to evaluate outcomes in insulin-naïve patients with type 2 diabetes mellitus (T2DM) who initiated insulin glargine or insulin detemir. Outcomes assessed were persistence with insulin therapy, glycemic control, hypoglycemia, body weight, and body mass index over follow-up. Both groups were similar in terms of gender, age, A1C, and body weight at baseline. During follow-up, patients initiating insulin glargine were more persistent and had a greater change in A1C. Percentage change in weight and hypoglycemia prevalence were similar between groups. Results suggest that among T2DM patients, initiating insulin treatment with insulin glargine may be associated with better treatment persistence and glycemic control, with similar prevalence of hypoglycemia and weight change, compared with initiating with insulin detemir. Study results were published in *Current Medical Research and Opinion*, 2013 Aug 1; 29(9):1083-91.

Database Study Evaluates Incretin Therapies

Using data from the GE Centricity database, we implemented a retrospective cohort study to evaluate whether use of incretin therapies contributes to weight loss and associated improved glycemic control, blood pressure, and lipids in patients with type 2 diabetes. The study showed that weight loss in patients on incretin therapy had beneficial effects on these cardiovascular risk biomarkers. Outcome trials are needed to determine whether an improvement in these biomarkers translates into a reduction in cardiovascular events in patients with type 2 diabetes. Study results were published in *Diabetes Care*, 2010;33(8):1759-65

Selected Recent Publications By Our Staff

Pladevall M, Divine G, Wells KE, Resnicow K, Williams LK. A randomized controlled trial to provide adherence information and motivational interviewing to improve diabetes and lipid control. *Diabetes Educ*. 2015 Feb;41(1):136-46.

Wolowacz S, Pearson I, Shannon P, Chubb B, Gundgaard J, Davies M, Briggs A. Development and validation of a cost-utility model for type 1 diabetes mellitus. *Diabet Med*. 2014 Dec 6. [Epub ahead of print]

Davis KL, Wei W, **Meyers JL**, Kilpatrick BS, Pandya N. Use of basal insulin and the associated clinical outcomes among elderly nursing home residents with type 2 diabetes mellitus: A retrospective chart review study. *Clin Interv Aging*. 2014 Oct 23;2014(9):1815-22.

Bhattacharya R, **Ajmera MR**, Bhattacharjee S, Sambamoorthi U. Use of antidepressants and statins and short-term risk of new-onset diabetes among high risk adults. *Diabetes Res Clin Pract*. 2014 Aug;105(2):251-60.

Vimalananda VG, Palmer JR, Gerlovin H, Wise LA, **Rosenzweig JL**, Rosenberg L, Ruiz-Narvaez EA. Depressive symptoms, antidepressant use, and the incidence of diabetes in the Black Women's Health Study. *Diabetes Care*. 2014 Aug;37(8):2211-7.

Meyers JL, Parasuraman S, Bell K, Graham JP, **Candrilli SD**. The high-cost, type 2 diabetes mellitus patient: an analysis of managed care administrative data. *Arch Public Health*. 2014 Feb 27;72(1):6.

Pandya N, Wei W, **Meyers J**, Kilpatrick B, **Davis K**. Burden of sliding scale insulin use in elderly long-term care residents with type 2 diabetes mellitus. *J Am Geriatr Soc*. 2013 Dec;61(12):2103-10.

Hauber AB, Han S, Yang JC, Gantz I, Tunceli K, **Gonzalez JM**, Brodovicz K, Alexander CM, Davies M, Iglay K, Zhang Q, Radican L. Effect of pill burden on dosing preferences, willingness to pay, and likely adherence among patients with type 2 diabetes. *Patient Prefer Adherence*. 2013 Sep;7:937-49.

Seaquist ER, Anderson J, Childs B, Cryer P, Dagogo-Jack S, Fish L, Heller SR, Rodriguez H, **Rosenzweig J**, Vigersky R. Hypoglycemia and diabetes: a report of a workgroup of the American Diabetes Association and the Endocrine Society. *Diabetes Care*. 2013 May; 36(5):1384-95.

Saffar D, Williams K, Lafata JE, Divine G, **Pladevall M**. Racial disparities in lipid control in patients with diabetes. *Am J Manag Care*. 2012 Jun 1;18(6):303-11.