

Diese Meldung kann unter <http://www.presseportal.de/pm/56778/1260737/sanofi-aventis-new-real-life-studies-illustrate-greater-a1c-lowering-and-cost-benefit-observed-with> abgerufen werden.



Sanofi Aventis: New Real Life Studies Illustrate Greater A1C Lowering and Cost Benefit Observed With LANTUS(R) Over Detemir and NPH Insulin

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Paris (ots/PRNewswire) - - The THIN, ROLE and LIVE-DE Studies Used Medical Databases or Medical Records to Compare the Benefits of Different Insulin Treatments in Thousands of People Living With Type 2 Diabetes

- Abstracts 1000, 1001 and 1004

Sanofi-aventis, a world leader in diabetes care, announced the results of three non-interventional studies presented at the 44th annual meeting of the European Association for the Study of Diabetes (EASD) in Rome, Italy (September 7 - 11, 2008), which demonstrated that treatment with LANTUS(R) (insulin glargine (rdNA origin) injection):

- showed greater A1C lowering than detemir and provided cost savings (THIN Study)
- showed greater A1C lowering, resulted in a lower rate of hypoglycemia, and reduced total healthcare cost compared to NPH (ROLE Study)
- resulted in better patient satisfaction than NPH (LIVE-DE Study) As a reflection of everyday clinical practice, studies like THIN, ROLE and LIVE-DE provide important comparative data on different treatment approaches in a real life setting.

"In recent years, as the number of people in the world living with diabetes has grown to epidemic proportions, the subsequent costs of diabetes care have also risen steadily," stated Alexandre Moreau, Vice President, Diabetes-Metabolism Franchise. "In addition to its continued investment in traditional clinical studies, sanofi-aventis is also committed to demonstrate LANTUS(R) benefits in real practice."

About the Study Results

All three studies assessed cost-effectiveness within U.S. and European healthcare systems, with two studies (ROLE, LIVE) comparing outcomes of LANTUS(R) with NPH, and one study (THIN) comparing treatment with LANTUS(R) to treatment with detemir. Following are key findings from the studies:

Health outcomes and treatment satisfaction in patients using LANTUS(R) versus NPH therapy:

- ROLE: Adjusted one-year average A1C was 8.05% for LANTUS(R) versus 8.51% for NPH (Delta= -0.45, p=0.0036). Two-year average A1C was 8.03% for LANTUS(R) versus 8.37% for NPH (Delta= -0.33, p=0.0099).
- LIVE-DE: Patients taking LANTUS(R) reported significantly better physical well-being and higher treatment satisfaction compared to NPH insulin (via SF-12, DTSQs and insulin treatment experience questionnaire). Glucagon use for treatment of severe hypoglycemic events was documented in 4 NPH insulin patients. There was no documented glucagon use for severe hypoglycemic events in patients treated with LANTUS(R).

Healthcare costs in patients using LANTUS(R) therapy:

- THIN: For LANTUS(R) and detemir, discounted cost per patient was GBP6,536 and GBP6,556 respectively; quality adjusted life years were 7.71 and 7.64 for LANTUS(R) and detemir respectively. This resulted in a dominant (more effective and marginally cost saving) discounted incremental cost effectiveness ratio in favour of LANTUS(R).
- ROLE: Adjusted one-year total healthcare costs for patients who began treatment with LANTUS(R) were \$16,184, versus \$21,104 (quarterly difference= -\$1,034, p=0.0372) for those who began treatment with NPH. Two-year costs for the respective treatment groups were \$30,032 versus \$42,208 (quarterly difference= -\$1,522, p=0.0029).
- LIVE-DE: Mean total costs for direct diabetes care were slightly lower in LANTUS(R) patients than in NPH insulin patients (658 EUR versus 685 EUR per patient during 6 months, p=0.001 by Wilcoxon sum rank test). Despite higher drug costs for LANTUS(R), relevant

savings were observed in utilization of short-acting insulins (-62 EUR), test strips (-52 EUR), and needles (-6 EUR). LANTUS(R) patients also had on average fewer basal insulin injections per day (1.09 versus 1.47) and required fewer blood glucose self-measurements. After adjustment for relevant variables, total cost per patient for the 6 month treatment duration with LANTUS(R) was marginally higher than with NPH (adjusted average: +73 EUR, p

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