

Better Diabetes Care Could Save \$5 Billion Per Year

BY MIRIAM E. TUCKER
Senior Writer

WASHINGTON — If 80% of Americans with type 2 diabetes met recommended treatment goals, over \$150 billion in medical costs would be saved over the next 30 years, Dr. Robert A. Rizza said in his presidential address at the annual scientific sessions of the American Diabetes Association.

If 80% of patients achieved just five goals—a hemoglobin A_{1c} less than 7%, blood pressure less than 130/80 mm Hg, LDL cholesterol below 100 mg/dL, HDL greater than 40 mg/dL for men and greater than 50 mg/dL for women, and use of a daily baby aspirin—there would be 5 million fewer heart attacks, 600,000 fewer

This confirms the obvious: 'It costs less to properly treat diabetes than it does to treat the complications that you get if you don't properly treat diabetes.'

strokes, 1.2 million fewer cases of renal failure, 1.8 million fewer cases of blindness/eye surgery, and 1.8 million fewer premature deaths.

The increased costs of achieving the goals would be offset by the savings that result

from prevention of the complications, explained Dr. Rizza, of the Mayo Clinic, Rochester, Minn., who just completed his term as ADA's president of medicine & science.

"Friends, this is doable. We simply have to commit ourselves to achieving the ADA goals in 80% of our patients. It's not pie-in-the-sky," he said.

The projections were generated using Archimedes (www.archimedesmodel.com), a large-scale mathematical model with equations that simulate metabolic pathways and processes leading to complications. By creating detailed virtual patients and modeling what happens to them over time, Archimedes can evaluate the effects of an intervention on disease prevalence and progression.

The model—which was originally developed by Kaiser Permanente and is supported by an unrestricted grant from Novo Nordisk—has already accurately predicted the results of several large-scale clinical trials prior to their completion, Dr. Rizza noted.

Archimedes also predicted that if 80% of type 2 diabetics took a daily generic "polypill" consisting of 1,000 mg metformin, 75 mg aspirin, 40 mg statin, and 10 mg of an ACE inhibitor, the number of heart attacks over the next 30 years would drop by 50%, renal failure by 4%, and blindness and eye surgery by 33%. Such a pill—with an all-generic formulation—would cost approximately \$100 per year while saving about \$400 per year. And even if the treatments cost \$500, the health care system would still see a savings within 5 years.

"This confirms what has been intuitively obvious to [us], but which seems to

have escaped the policy makers. Namely, that it costs less to properly treat diabetes than it does to treat the complications that you get if you don't properly treat diabetes. It's a wise investment no matter how you look at it," he said.

Of course, a cure for diabetes would go much farther, saving 8.4 million lives and preventing 41 million serious diabetes-related complications over 30 years. In the absence of a cure, the U.S. health care system will spend \$6.6 trillion on diabetes

complications over the next 30 years. A cure would save over \$700 billion, suggesting that "There is an overwhelming and irrefutable economic case for finding a cure."

Given these projections, Dr. Rizza outlined a four-point proposal that the ADA plans to issue in an upcoming official document:

- ▶ America must invest heavily in diabetes research aimed at finding a cure.
- ▶ The size of the investment must be

commensurate with the risk that diabetes represents to the country.

▶ Financial support must be established to sustain systems of care that ensure every person with diabetes the best possible care.

▶ And a message for physicians: "We must all renew our commitment to our patients, acknowledge that the current level of care for people with diabetes is simply not acceptable, and do everything in our power to make it better." ■

Oddly enough, the way they describe their GERD may be why it's often overlooked.

The advertisement features four panels, each with a child and a quote describing their GERD symptoms:

- Top-left: A young man says, "The coughing keeps me up at night."
- Top-right: A young girl says, "My tummy needs more than a kiss."
- Bottom-left: A young girl says, "She's been fussy and won't eat."
- Bottom-right: A young boy says, "I get a really yucky taste in my mouth."

Below the panels, a teal banner contains the following text:

- #1 prescribed acid-suppressing agent by PGEs*²
- Only FDA-approved PPI for kids as young as 12 months^{3,8}
- Available as capsules and strawberry-flavored PREVACID for Oral Suspension or PREVACID SoluTab



Important safety and other information

- The safety and effectiveness of PREVACID have been established in patients 12 months to 17 years of age for the short-term treatment of symptomatic GERD and erosive esophagitis.
- PREVACID use in this population is supported by evidence from adequate and well-controlled studies in adults along with additional clinical and PK/PD studies performed in pediatric patients. The pediatric studies were uncontrolled, open-label studies performed in 66 patients aged 1 to 11 years old and 87 patients aged 12 to 17 years old. The safety and effectiveness of PREVACID have not been established in patients <1 year of age.
- The most frequently reported adverse events in patients aged 1 to 11 years were constipation (5%) and headache (3%).

References 1. Rudolph CD, Mazur LJ, Liptak GS, et al. *J Pediatr Gastroenterol Nutr.* 2001;32(suppl 2):S1-S31. 2. Data on file, TAP Pharmaceutical Products Inc. 3. PREVACID Complete Prescribing Information. 4. Aciphex® (rabeprazole sodium) Complete Prescribing Information. 5. Nexium® (esomeprazole magnesium) Complete Prescribing Information. 6. Prilosec® (omeprazole) Complete Prescribing Information. 7. Protonix® (pantoprazole sodium) Complete Prescribing Information. 8. Zegerid™ (omeprazole) Complete Prescribing Information.

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In patients aged 12 to 17 years, the most frequently reported adverse events were headache (7%), abdominal pain (5%), nausea (3%), and dizziness (3%). The adverse event profile in children and adolescents resembled that of adults taking PREVACID, where the most common adverse events were diarrhea (3.8%), abdominal pain (2.1%), and nausea (1.3%). Symptomatic response to therapy does not preclude the presence of gastric malignancy. PREVACID formulations are contraindicated in patients with known hypersensitivity to any component of the formulation.

Individual results may vary.

See adjacent page for brief summary of prescribing information.

*Based on IMS Health Xponent® data, December 2005.

Visit www.prevakidsHCP.com for more information.



Individual patients. Individual answers.