To describe real-world patterns of statin use and titration in the first year following T2DM index date (divided into the first and second 6-month periods).

Characterizing the real-world use and titration of statins can help to guide treatment strategies in this patient population.

- Patients with type 2 diabetes mellitus (T2DM) are considered at high-risk of cardiovascular disease (CVD), yet little is known about real-world use and titration patterns following T2DM diagnosis.

OBJECTIVES

- To identify and characterize the baseline demographics and comorbidities of beneficiaries from two commercial claims databases who have been diagnosed with T2DM.

- To describe real-world patterns of statin use and titration in the first year following T2DM index date (divided into the 1st and 2nd 6-month periods).

METHODS

- Retrospective Cohort Study Design
  - Patients were followed for statin use and titration in the 1st and 2nd 6-month time periods following their T2DM index event.
  - T2DM diagnoses were not restricted to incident diagnoses.
  - ICD-9 diagnosis codes and National Drug Codes (NDC) were used to identify patients with T2DM.

- Study Design Schema
  - Figure 1. Study Design Schema

RESULTS

- Table 1: Baseline Demographic Characteristics for Commercial Beneficiaries

- Among T2DM patients who were prevalent users of a LDL-C lowering therapy at the time of the T2DM index date were much more likely to use a statin in the first follow-up period.

- Regardless of prevalent LDL-C lowering therapy use, the vast majority of patients receive no titration of their statin therapy based on LDL-C levels.

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STRENGTHS AND LIMITATIONS

- These data cover ~1.5M covered individuals with T2DM in 2012, allowing researchers an opportunity to understand real-world treatment patterns among a large commercially insured population.

- Follow-up time in the 24-month follow-up period for identification of T2DM allows for detailed investigation of use and titration patterns in a moderately sized sample.

- Limitations: Data among the commercial population may not be generalizable to beneficiaries covered by federal or state insurance programs.

- The algorithm may not accurately identify all patients with T2DM.

- We did not distinguish incident from prevalent T2DM patients, in which treatment patterns may differ.

- While prescription drug use is tracked, it is not known whether the drug was actually taken by the intended recipient.

- LDL-C values are only available for a subset of patients with a T2DM in the database, thus we were unable to evaluate the effect of the presence of a T2DM diagnosis on LDL-C lowering therapy use.

Table 1: Baseline Demographic Characteristics for Commercial Beneficiaries with T2DM, 2012

CONCLUSIONS

- Among T2DM patients who were prevalent users of a LDL-C lowering therapy at the time of the T2DM index date were much more likely to use a statin in the first follow-up period.

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REFERENCES


DISCLAIMERS

- The information in this study is intended to provide a general overview of the study and its findings. It is not a substitute for professional medical advice, diagnosis, or treatment.

- Patients are encouraged to discuss the use of statins with their healthcare provider to determine the best course of action for their individual health needs.

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