

or CVDs. There are vast disparities between rural and urban facilities as well as private and public facilities in availability of these essential medicines. The drug policy should address availability and accessibility of essential medicines in Bangladesh.

206. NPH Insulin Use by Patients with Type 2 Diabetes Mellitus in Minas Gerais, Brazil: Prevalence and Associated Factors

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Background: NPH insulin is an important therapeutic alternative for the maintenance of glycemic control in patients with type 2 diabetes mellitus (DM2) in the Brazilian Public Health System (SUS). It is currently considered the third-line treatment in SUS or considered for patients with plasma glucose above 300 mg/dL at the time of diagnosis.

Objectives: To assess the prevalence of NPH insulin use and associated factors among patients with DM2.

Methods: Cross-sectional study was conducted in 63 municipalities of Minas Gerais in 2014. The dependent variable was defined as the use of NPH insulin. The independent variables were gender, age, marital status, education, race, self-reported health, diagnosis time, hypoglycemic crisis in the last month, comorbidities, medical visits in the past year, type of health care (public or private), regular physical activity, polypharmacy (use five or more drugs) and interruption of routine activities in the last 15 days. Bivariate and multivariate logistic regression analysis was performed to identify factors associated with NPH insulin use.

Results: A total of 2192 patients with DM2 were interviewed and 25% used either insulin or analogue to insulin. The prevalence of NPH insulin use among the participants was 22.1%. Approximately 62% of the NPH insulin users took the medication twice a day, and 33% took it once a day. The following factors were associated with the use of NPH insulin among those patients: diagnostic time above 10 years (OR = 2.78; CI 95% 2.22–3.47), having hypoglycemic crisis in the last month (OR = 2.39; CI 95% 1.85–3.09),

using less than 5 drugs (OR = 1.71; CI 95% 1.34–2.19), having more than 5 comorbidities (OR = 1.48; CI 95% 1.15–1.90), consulting with the doctor more than 3 times on the previous year (OR = 1.46; CI 95% 1.15–1.85) and diabetic foot (OR = 1.53; CI 95% 1.08–2.16) and diabetic neuropathy (OR = 1.40; CI 95% 1.06–1.85) as complications of the DM2.

Conclusions: NPH was the most used insulin among the participants. NPH insulin use are associated disease progression characteristics such as having longer diagnostic time, difficulty in glycemic control and complications. Trained professionals are needed to provide adequate care for diabetic patients, especially when using NPH insulin, and therefore to promote a rational use of medicines and to minimize the negative consequences of treatment discontinuation on the health of this population.

207. Prescribing Patterns and Characteristics of Patients with Type 2 Diabetes Mellitus Newly Initiated Sodium Glucose Co-Transporter 2 Inhibitors in Taiwan

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Background: Sodium glucose co-transporter 2 (SGLT2) inhibitor is a novel class of oral anti-diabetic agents (OAD) and recommended as the second-line therapy for patients with type 2 diabetes mellitus (T2DM). Two SGLT2 inhibitors, empagliflozin and dapagliflozin, have been approved since May 2016 in Taiwan.

Objectives: To investigate the prescribing patterns and characteristics of patients newly initiated SGLT2 therapy for T2DM.

Methods: We analyzed the electronic medical records form Chang Gung Medical Foundation (CGMF-EMR) that accounted for approximately 11% of hospital visits in Taiwan. We included adult patients with T2DM received empagliflozin or dapagliflozin between 1 May and 31 December 2016. We defined the first prescription date of SGLT2 inhibitors as the index date. We included patients with at least one visit