Background

- COPD and T2DM are highly comorbid treatment algorithms, then SES
- IPAS
- Incretinmimetics
- Biguanides
- Do newer drugs show similar effect as older?
- Bromocriptine
- Identify
- Sulfonylureas
- Meglitinides
- Cost is included in prescription algorithms
- COMIRB Approval
- AGIS
- School
- AGIS
- Thiazolidinediones
- Bromocriptine differing mechanism
- Group size discrepancies
- IPAS
- (Biguanides
- Incretinmimetics
- Additional adjustments for age, race, school
- Diabetes specific cohort
- Amylin
- Health insurance coverage
- New medications less frequent
- Thiazolidinediones
- Dual/triple therapy
- Cost consideration may not affect prescription
- Divide 854 patients into 3 SES groups
- High insurance coverage
- Amylin

Methods

- COMIRB Approval
- Identify COPDgene patients with prescriptions
- Divide 854 patients into 3 SES groups
- Exclude insurance coverage as variable
- Create tables with SES group v. prescription type
- Student SAS using FREQ to identify differences

Data

<table>
<thead>
<tr>
<th>School Completed</th>
<th>8th grade or below (%)</th>
<th>High School Graduated (%)</th>
<th>Completed technical school graduate (%)</th>
<th>Completed college technical or school (%)</th>
<th>Masters/Doctoral Degree (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>17 (19.05)</td>
<td>73 (85.60)</td>
<td>20 (82.10)</td>
<td>15 (67.39)</td>
<td>5 (26.32)</td>
</tr>
<tr>
<td>No</td>
<td>62 (23.19)</td>
<td>60 (26.75)</td>
<td>29 (35.05)</td>
<td>14 (17.41)</td>
<td>11 (14.81)</td>
</tr>
<tr>
<td>Total</td>
<td>79 (20.63)</td>
<td>133 (35.80)</td>
<td>49 (35.15)</td>
<td>29 (21.82)</td>
<td>16 (20.00)</td>
</tr>
</tbody>
</table>

| Income | <$15,000 | 15-30,000 | 30-50,000 | 50-75,000 | $75,000+
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Incretinmimetics (%)</td>
<td>0 (0.00)</td>
<td>3 (1.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
</tr>
<tr>
<td>Biguanides (%)</td>
<td>3 (1.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
</tr>
<tr>
<td>Meglitinides (%)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
</tr>
<tr>
<td>Meglitinides (%)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
</tr>
<tr>
<td>Sulfonylureas (%)</td>
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<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
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<tr>
<td>AGIS (%)</td>
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<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
</tr>
<tr>
<td>Incrementmimetics (%)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
</tr>
<tr>
<td>IPAS (%)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
</tr>
<tr>
<td>Amylin Analogues (%)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
<td>0 (0.00)</td>
</tr>
</tbody>
</table>

Conclusions

- No significant differences (p <0.05)
- P= 0.51, 0.51, 0.81
- Hypothesis not supported
- Additional adjustments for age, race, sex
- High insurance coverage
- Dual/triple therapy

Discussion

- Cost consideration may not affect prescription
- Metformin is first line, effective, cheap
- Group size discrepancies
- New medications less frequent
- Health insurance coverage
- Diabetes specific cohort
- Do newer drugs show similar effect as older?
- Bromocriptine differing mechanism

Disclosures

There are no conflicts of interest.

References