Type 2 diabetes mellitus (T2DM) is an important risk factor for cardiovascular disease (CVD), affecting millions of patients worldwide. Previous research has consistently shown that T2DM increases the risk of mortality and morbidity associated with CVD, including myocardial infarction, angina pectoris, heart failure, stroke, other ischemic disease, and other conditions related to CVD. These findings underline the importance of understanding the specific burden of CVD-related resource use and costs associated with T2DM in the general population.

**STUDY OBJECTIVES**

- To describe CVD-related health care resource use and costs for patients with T2DM compared to non-T2DM patients.

**STUDY DESIGN**

- **Sample/Population Selection**
  - National commercial claims database (IMS LifeLink PharMetrics Plus™)
  - Exclusion criteria:
    - Diagnosis of pregnancy, gestational diabetes, secondary diabetes, or type 1 diabetes mellitus anytime between index date (1/1/2014) and study end date (12/31/2014)
    - Patients with CVD conditions during the index year
    - Patients with a hospitalization with a diagnosis of T2DM in any diagnosis field

- **Data Source and Study Design**
  - Descriptive, cross-sectional study
    - National commercial claims database (IMS LifeLink PharMetrics Plus™)
  - Data source:
    - Includes information on demographics, medical conditions, and pharmaceutical claims.

- **Statistical Analysis**
  - Statistical analyses were conducted using SAS® version 9.3 (SAS Institute; Cary, NC, USA).
  - Sample characteristics and outcomes were compared between study groups using non-parametric tests for continuous variables and chi-square tests for categorical variables.

- **Key Findings**
  - T2DM group had a significantly higher mean number of CVD conditions and CVD-related costs compared to the non-T2DM group.
  - T2DM patients had a significantly higher number of CVD-related resource utilization events compared to non-T2DM patients.

- **Conclusions**
  - The burden of CVD-related resource use and costs is significantly higher in T2DM patients compared to non-T2DM patients.

**LIMITATIONS**

- Baseline characteristics between groups were not controlled for, thus confounders like hypertension should be considered.

**REFERENCES**


**FUNDING AND DISCLOSURES**

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