

**NEWS RELEASE**

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**Media Contacts:** Lilly – Jamaison Schuler  
(317) 655-2111 office  
(317) 997-1485 cell  
Amylin – Alice Bahner  
(858) 642-7272 office  
(858) 232-9072 cell  
Analysis Group – Eileen Harrington  
(617) 425-8193 office  
(617) 584-0993 cell

**New Study Illustrates Economic Benefit of Weight Loss in  
People with Type 2 Diabetes**

**WASHINGTON, DC June 10, 2006** – A new study demonstrated that even a small percentage of weight loss could lower health care costs among people with type 2 diabetes. Data from the study, titled “Short Term Economic Impact of Weight Change Among Patients with Type 2 Diabetes,” were presented today at the 66<sup>th</sup> Annual Scientific Sessions of the American Diabetes Association (ADA) in Washington, DC. The study was funded by an unrestricted research grant from Amylin Pharmaceuticals, Inc. and Eli Lilly and Company to Analysis Group Inc.

The study, which included data gathered from an HMO claims database between 1997-2005, showed that study participants with diabetes who experienced 1 percent weight loss decreased their average health care costs by 3.6 percent over the 12 months following the weight loss, or approximately \$256. Results were even more significant among patients considered obese (BMI  $\geq$  30). For this group, a 1 percent weight loss was associated with a 5.6 percent decrease in health care costs, or approximately \$408.

“The results of this short-term study suggest the benefits weight loss can have beyond disease management and overall health among people with type 2 diabetes. There’s a dollars and cents incentive for patients and the entire health care system to devote resources to weight loss and disease management,” said study author E.Q. Wu, PhD, manager, Health Economics and Outcomes Practice for Analysis Group, Inc, a national economics consulting firm. . “The study also reinforces the need for patients with diabetes to have alternatives

that do not cause weight gain, which can be one of the most challenging side effects associated with many treatment options for people with type 2 diabetes.”

According to the Centers for Disease Control and Prevention, chronic diseases, including diabetes and obesity, account for more than 75 percent of the nation’s health care spending.<sup>i</sup> Total annual health care spending in the U.S. rose to 1.9 trillion dollars in 2004, according to the Centers for Medicaid and Medicare Services.<sup>ii</sup> While advances have been made in the diagnosis and treatment of diabetes, the ADA lists diabetes as the fifth leading cause of death by disease in the United States, resulting in 2002 costs of approximately \$132 billion in direct and indirect medical expenses.

An estimated 30 percent of U.S. adults aged 20 years and older – over 60 million people – are obese<sup>iii</sup> and an estimated 194 million adults worldwide<sup>iv</sup> and almost 21 million in the United States<sup>v</sup> have diabetes.

Approximately 90 to 95 percent of those affected have type 2 diabetes, a condition characterized by progressive failure of beta cells to produce appropriate levels of insulin, coupled with the body’s inability to respond normally to insulin.<sup>vi</sup> Ninety percent of people with type 2 diabetes are considered overweight,<sup>vii</sup> and type 2 diabetes occurs at an earlier age in overweight people.<sup>viii,ix</sup>

### **About the Study**

In the study, 458 patients with type 2 diabetes who were on antidiabetic therapy were identified through Fallon Community Health Plan, a third-party payer. Data were gathered on the patients’ baseline weight and a second weight measurement taken approximately six months later. The study assessed the impact of weight change on the total health care costs over one year following the second weight measure. Weight change was measured as the percent difference from the baseline weight measurement.

Researchers evaluated administrative claims and medical chart information for continuously enrolled adults (average age 58 years, average baseline BMI of 33.7 kg/m<sup>2</sup>) with type 2 diabetes from the HMO’s claims database (1997 – 2005). The study controlled for patient baseline demographics, co-morbidities, body mass index, hemoglobin A1C and prior resource utilization.

### **About Amylin and Lilly**

Amylin Pharmaceuticals, Inc. is a biopharmaceutical company committed to improving lives through the discovery, development and commercialization of innovative medicines. Further information on Amylin Pharmaceuticals, Inc. and its pipeline to treat metabolic diseases is available at [www.amylin.com](http://www.amylin.com).

Through a long-standing commitment to diabetes care, Lilly provides patients with breakthrough treatments that enable them to live longer, healthier and fuller lives. Since 1923, Lilly has been the industry leader in pioneering therapies to help health care professionals improve the lives of people with diabetes, and research continues on innovative medicines to address the unmet needs of patients. For more information about Lilly's current diabetes products visit [www.lillydiabetes.com](http://www.lillydiabetes.com).

Lilly, a leading innovation-driven corporation, is developing a growing portfolio of first-in-class and best-in-class pharmaceutical products by applying the latest research from its own worldwide laboratories and from collaborations with eminent scientific organizations. Headquartered in Indianapolis, Ind., Lilly provides answers - through medicines and information - for some of the world's most urgent medical needs. Additional information about Lilly is available at [www.lilly.com](http://www.lilly.com).

### **About Analysis Group**

Analysis Group, Inc. ([www.analysisgroup.com](http://www.analysisgroup.com)) provides economic, financial, and business strategy consulting to law firms, corporations, and government agencies. The firm has more than 300 professionals, with offices in Boston, Chicago, Dallas, Denver, Los Angeles, Menlo Park, New York, San Francisco, Washington, and Montreal.

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<sup>i</sup>Centers for Disease Control and Prevention. Available at: [http://www.cdcfoundation.org/frontline/2003/tackling\\_chronic\\_diseases.aspx](http://www.cdcfoundation.org/frontline/2003/tackling_chronic_diseases.aspx). Accessed June 2, 2006.

<sup>ii</sup>Centers for Medicaid and Medicare Services - Press Release, "Healthcare Spending Growth Rate Continues to Decline in 2004; Drug Spending Growth One-half of Rate Five Years Ago" January 10, 2006. Available at :<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1750>. Accessed June 1, 2006.

<sup>iii</sup>Centers for Disease Control and Prevention – Overweight & Obesity. Available at: <http://www.cdc.gov/nccdphp/dnpa/obesity/> . Accessed May 23, 2006.

<sup>iv</sup>The International Diabetes Federation Diabetes Atlas. Available at: <http://www.idf.org/home/index.cfm?unode=3B96906B-C026-2FD3-87B73F80BC22682A>. Accessed April 12, 2005.

<sup>v</sup>Center for Disease Control and Prevention (CDC) National Diabetes Fact Sheet 2005. Available at [http://www.cdc.gov/nccdphp/aag/pdf/aag\\_ddt2005.pdf](http://www.cdc.gov/nccdphp/aag/pdf/aag_ddt2005.pdf). Accessed June 6, 2005.

<sup>vi</sup>Turner RC, Cull CA, Frighi V, Holman RR. Glycemic control with diet, sulfonylurea, metformin, or insulin in patients with type 2 diabetes mellitus: progressive requirement for multiple therapies (UKPDS 49). JAMA. 1999; 281(21):2005-2012.

<sup>vii</sup>NAASO The Obesity Society. Available at [http://www.naaso.org/information/diabetes\\_obesity.asp](http://www.naaso.org/information/diabetes_obesity.asp). Accessed May 23, 2006.

<sup>viii</sup>Pi-Sunyer FX. Health implications of obesity. Am J Clin Nutr 1991; 53:1595S-1603S.

<sup>ix</sup>Mokdad AH, Ford ES, Bowman BA, et al. Diabetes trends in the U.S.: 1990-1998. Diabetes Care 2000; 23:1278-83.