

## **Survey Results Indicate Focus on Earlier Treatment Will Help to Address the Growing Medical and Economic Burden of Type 2 Diabetes**

Montreal, Quebec, NOVEMBER 12, 2008 – Findings from the Diabetes Impact Survey<sup>†</sup> indicate that healthcare practitioners (HCPs) thought they and their peers were more likely in recent years to prescribe additional therapies at an earlier stage in a patient's treatment regimen.<sup>1</sup> However, according to HCPs surveyed, less than 50% of their patients are achieving their target HbA1c<sup>‡</sup> goal<sup>2</sup> and a survey of patients<sup>§</sup> indicated that 40% reported complications associated with their disease.<sup>3</sup> HCPs surveyed estimated that significantly more of the national diabetes budget is being allocated to treatment of diabetic complications than to prevention.<sup>4</sup> These survey results were released today in conjunction with the upcoming World Diabetes Day on 14th November.

In light of the survey results, the steering panel of experts that developed the survey questionnaire has called for a focus on earlier, more effective treatment to help manage the growing diabetes epidemic. The steering panel's call is further reinforced by a third of patients surveyed (31%) stating their opinion that better access to more effective treatments would potentially allow them to manage their diabetes more effectively.<sup>5</sup> The majority of HCPs surveyed believed that fewer prescribing restrictions would aid more effective management of patients<sup>6</sup>. Currently, HCPs surveyed indicated that of their patients receiving drug treatment, the majority (59%) were taking metformin for type 2 diabetes.<sup>7</sup>

"Diabetes-related complications such as heart disease, stroke and kidney disease account for many of the costs associated with diabetes. As the survey opinion results have highlighted, treating patients earlier is a preferred approach. Whether greater flexibility in prescribing would help to reduce the likelihood of complications developing, and in turn help to lower the increasing financial demands diabetes places on healthcare budgets needs further

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<sup>†</sup> The Diabetes Impact survey, which was developed by a steering panel of diabetes professionals and commissioned by Merck Sharp & Dohme, evaluated the economic and social impact of type 2 diabetes by polling 866 healthcare practitioners (HCPs) and 607 people with type 2 diabetes across Europe (France, Germany and the United Kingdom), Canada, India and Mexico

<sup>‡</sup> HbA1c is a measure of a person's average blood glucose over a two-month to three-month period.

<sup>§</sup> Patients surveyed must have been diagnosed with type 2 diabetes for at least 2 years and receiving some treatment (e.g. oral anti-diabetic agents and/or insulin).

study,” said Professor Anthony Barnett, survey steering panel member and Diabetologist and Professor of Medicine, University of Birmingham, United Kingdom.

### **The economic burden**

The results come alongside a growing need to combat the enormous economic burden associated with diabetes. The majority of HCPs surveyed (75%) estimated the economic impact of diabetes in their country as being below five billion dollars (\$USD).<sup>8</sup> However, in many countries the economic impact far exceeds that estimate. For example, in Mexico the estimated cost of diabetes is \$15 billion<sup>9</sup> and in Canada it is nine billion dollars.<sup>10</sup> A majority of the HCPs surveyed were in favor of allocating additional resources to prevention of long-term complications of diabetes, rather than treating those complications after they occur.<sup>11</sup>

Diabetes also places a significant burden on patients and their families. One in 10 patients surveyed has been hospitalised due to their diabetes in the last 12 months<sup>12</sup>, one in five report that their ability to work has been affected by their diabetes<sup>13</sup> and one in six currently not working have stopped working due to their diabetes; three in four of these patients surveyed stated that they have been impacted financially as a result of their disease.<sup>14</sup>

### **Patient education**

HCPs surveyed recognized the need for further patient education, ranking it most frequently as a factor in helping patients manage their diabetes more effectively.<sup>15</sup> Guidelines recommend a target HbA1c of six and one-half to seven percent for patients. However, when asked about specific HbA1c levels, less than half (43%)<sup>16</sup> of patients surveyed were aware of what their target numbers should be. Additionally, over a quarter of those patients who were aware of their current HbA1c cited a level of over seven percent (which is above that recommended by the Canadian Diabetes Association and the International Diabetes Federation).<sup>17</sup>

“The survey findings underline the significant impact that diabetes can have on patients’ lives. Physicians expressed the belief in the survey that a greater focus on patient education and ensuring patients are aware of their target HbA1c would help them manage their condition more effectively. The hope in turn is that patients would be more likely to become engaged in self management of their diabetes and, since it is a chronic disease, this would help reduce the financial burden for the individual and their families, and ultimately the economy as a whole,” said Lori Berard, steering panel member and nurse manager at the Health Sciences Center, Winnipeg, Canada.

### **About the Diabetes Impact Survey**

The Diabetes Impact (Online) Survey, commissioned by Merck & Co., Inc., of Whitehouse Station, NJ, USA, known in many countries as Merck Sharp & Dohme and in Canada as Merck Frosst, was developed with a steering panel of world-renowned medical, scientific and clinical professionals in the field of diabetes and includes Professor Anthony Barnett, Diabetologist and Professor of Medicine, University of Birmingham, United Kingdom; Lori Berard, Nurse Manager, Health Sciences Center, Winnipeg, Canada; Professor Stephen Colagiuri, Endocrinologist, University of Sydney, Australia; Professor Dr Ilhan Satman, Diabetologist / Endocrinologist, Istanbul University, Turkey; and Professor Chan Siew Pheng, Endocrinologist, University of Malaya Medical Centre, Kuala Lumpur, Malaysia. The survey was designed to assess issues and barriers related to the care of patients with type 2 diabetes and to better understand how these barriers might impact the overall burden of diabetes. For these findings, 866 healthcare professionals and 607 patients receiving treatment for type 2 diabetes across six countries (Canada, France, Germany, the United Kingdom, India and Mexico) were surveyed.

### **About Merck Frosst**

At Merck Frosst, patients come first. Merck Frosst Canada Ltd. is a research-driven pharmaceutical company discovering, developing and marketing a broad range of innovative medicines and vaccines to improve human health. Merck Frosst is one of the top 25 R&D investors in Canada, with an investment of close to \$110 million in 2007. More information about Merck Frosst is available at <http://www.merckfrosst.com>.

### **Forward-Looking Statement**

This press release contains "forward-looking statements" as that term is defined in the Private Securities Litigation Reform Act of 1995. These statements are based on management's current expectations and involve risks and uncertainties, which may cause results to differ materially from those set forth in the statements. The forward-looking statements may include statements regarding product development, product potential or financial performance. No forward-looking statement can be guaranteed, and actual results may differ materially from those projected. Merck undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events, or otherwise. Forward-looking statements in this press release should be evaluated together with the many uncertainties that affect Merck's business, particularly those mentioned in the cautionary statements in Item 1A of Merck's Form 10-K for the

year ended Dec. 31, 2007, and in its periodic reports on Form 10-Q and Form 8-K, which the Company incorporates by reference.

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## **References**

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  - <sup>2</sup> Merck data on file. Diabetes Impact Survey. Conducted by TNS: 28<sup>th</sup> June – 21<sup>st</sup> July 2008. Slide 35
  - <sup>3</sup> Merck data on file. Diabetes Impact Survey. Conducted by TNS: 28<sup>th</sup> June – 21<sup>st</sup> July 2008. Slide 69
  - <sup>4</sup> Merck data on file. Diabetes Impact Survey. Conducted by TNS: 28<sup>th</sup> June – 21<sup>st</sup> July 2008. Slide 19
  - <sup>5</sup> Merck data on file. Diabetes Impact Survey. Conducted by TNS: 28<sup>th</sup> June – 21<sup>st</sup> July 2008. Slide 48
  - <sup>6</sup> Merck data on file. Diabetes Impact Survey. Conducted by TNS: 28<sup>th</sup> June – 21<sup>st</sup> July 2008. Slide 32, 33
  - <sup>7</sup> Merck data on file. Diabetes Impact Survey. Conducted by TNS: 28<sup>th</sup> June – 21<sup>st</sup> July 2008. Slide 22
  - <sup>8</sup> Merck data on file. Diabetes Impact Survey. Conducted by TNS: 28<sup>th</sup> June – 21<sup>st</sup> July 2008. Slide 20
  - <sup>9</sup> The cost of diabetes in Latin America and the Caribbean. Bulletin of the World Health Organization. 2003;81(1):19-28.
  - <sup>10</sup> Economic cost of diabetes. Public Health Agency of Canada. 2008. <http://www.phac-aspc.gc.ca/ccdpc-cpcmc/diabetes-diabete/english/professionals/economic.html> (Accessed 10.10.08)
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  - <sup>15</sup> Merck data on file. Diabetes Impact Survey. Conducted by TNS: 28<sup>th</sup> June – 21<sup>st</sup> July 2008. Slides 51
  - <sup>16</sup> Merck data on file. Diabetes Impact Survey. Conducted by TNS: 28<sup>th</sup> June – 21<sup>st</sup> July 2008. Slide 36
  - <sup>17</sup> Merck data on file. Diabetes Impact Survey. Conducted by TNS: 28<sup>th</sup> June – 21<sup>st</sup> July 2008. Slide 37