INTRODUCTION

- Approximately 60 million people in Europe have diabetes; almost (95%) have type 2 diabetes (T2D).
- Insulin therapy has proven efficacy for achieving glycemic goals, but its acceptance is limited due to the risk of hypoglycemia, which impacts quality of life and therapeudic adherence.
- In randomized controlled trials (RCTs) and real-world (RW) studies of patients with T2D, second-generation basal insulin (B) analogue insulin glargine 300 U/mL (Gla-300) provided similar reductions in glycosylated haemoglobin (HbA1c) with lower incidence of hypoglycemia versus insulin glargine 100 U/mL (Gla-100).
- This poster presents final data on baseline characteristics and clinical outcomes in patients with T2D who switched from another BI to Gla-300 or Gla-100 in France, Spain, and Germany.

OBJECTIVES

- The objectives of this study were to compare demographics, clinical characteristics, treatment patterns, resource use, and clinical outcomes between patients with T2D prescribed Gla-300 or Gla-100 using data from RW practices.

METHODS

Study design

- Records were provided by physicians (N=665) working in a clinical setting.
- This poster presents final data on baseline characteristics and clinical outcomes in patients with T2D who switched from another BI to Gla-300 or Gla-100 in France, Spain, and Germany.

RESULTS

- The mean reduction in HbA1c from baseline were similar for Change in HbA1c and hypoglycaemia.
- Data were obtained from medical chart records, extracted by participating physicians.
- Records were provided by physicians (N=665) working in a clinical setting.
- In randomised controlled trials (RCTs) and real-world (RW) studies of patients
- Insulin therapy has proven efficacy for achieving glycaemic goals, but its acceptance is limited due to the risk of hypoglycemia, which impacts quality of life and therapeutic adherence.
- Approximately 60 million people in Europe have diabetes; almost (95%) have type 2 diabetes (T2D).

OBJECTIVES

- The objectives of this study were to compare demographics, clinical characteristics, treatment patterns, resource use, and clinical outcomes between patients with T2D prescribed Gla-300 or Gla-100 using data from RW practices.

RESULTS

- The mean reduction in hypoglycaemia events per patient over 6 months was
- Prior to switching, the incidence (34% vs 22.8%; p<0.001) and rate (events per
- The objectives of this study were to compare demographics, clinical characteristics, treatment patterns, resource use, and clinical outcomes between patients with T2D prescribed Gla-300 or Gla-100 using data from RW practices.

LIMITATIONS

- As a retrospective analysis of patient medical records, the data here represent a convenience sample that may not be generalizable to all patients using Gla-300 or Gla-100 in the countries included.
- The data submitted by physicians may be subject to recall bias, time constraints in completing the necessary forms and evaluations, or other confounding patient variables, such as combination therapy, socioeconomic status, or disease severity.
- Patients in the two groups show some differences, suggesting that physicians may select patients for each treatment for different reasons. Adjusted analysis may address these differences, but some element of confounding may remain.

CONCLUSIONS

- This comparative European RW study showed that at 6 months, changes in glycemic control and weight from baseline were similar in patients switched from another BI to either Gla-300 or Gla-100.
- In multivariate analysis and adjusted data, switching to Gla-300 versus Gla-100 was associated with a significantly greater reduction in the number of hypoglycemia events, consistent with the findings of RCTs and RW studies.
- There were no differences in weight-adjusted insulin dose change between patients switched to Gla-300 and patients switched to Gla-100.

REFERENCES


DISCLOSURES

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