

# SAFETY AND EFFICACY OF INSULIN DEGLUDEC IN PATIENTS WITH TYPE 1 DIABETES MELLITUS AFTER ONE YEAR OF TREATMENT



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## Introduction

Insulin degludec appears to be related with reduced risk of hypoglycemia compared to other basal insulins. The aim of the present study was to evaluate the safety and efficacy of insulin degludec in patients with type 1 diabetes mellitus (T1DM).

## Materials and Methods

We studied 31 patients with type 1 diabetes mellitus (61.3% males, mean age =  $45.5 \pm 17.6$  years). Patients were switched to insulin degludec after at least two years of treatment with another basal insulin and were followed by another year after this switch.

## Conclusions

In patients with T1DM, switching from other basal insulins to insulin degludec reduces the risk of hypoglycemia and improves glycemic control without the need to increase insulin doses.

## Results

Patients were previously treated with insulin glargine (77.4%) or detemir (22.6%). During the 24 months prior the switch to insulin degludec, 29 patients (93.5%) experienced at least 1 non-severe hypoglycemic episode (mean =  $12.7 \pm 3.7$  episodes, among  $4.6 \pm 1.9$  episodes occurred during nighttime). During the 12 months after the switch to insulin degludec, 4 patients (12.9%) experienced a non-severe hypoglycemic episode (1, 2, 1, 3 episodes respectively, among which none occurred during nighttime). At the time of switch to insulin degludec, HbA<sub>1c</sub> and plasma glucose levels were  $7.0 \pm 0.6\%$  and  $130 \pm 15$  mg/dl, respectively and after 12 months decreased to  $6.1 \pm 0.2\%$  and  $100 \pm 9$  mg/dl, respectively ( $p < 0.001$  for both comparisons). The dose of insulin degludec did not differ from the dose of the previously administered basal insulin and the dose of prandial insulin did not change during treatment with insulin degludec. No change observed on body weight.

## References

- 1) A randomized crossover study of the efficacy and safety of switching from insulin glargine to **insulin degludec** in children with type 1 diabetes. Urakami T, Mine Y, Aoki M, Okuno M, Suzuki J. *Endocr J*. 2016 Oct 14
- 2) Switching from twice-daily glargine or detemir to once-daily **degludec** improves glucose control in type 1 diabetes. An observational study. Galasso S, Facchinetti A, Bonora BM, Mariano V, Boscardi F, Cipponeri E, Maran A, Avogaro A, Fadini GP, Bruttomesso D. *Nutr Metab Cardiovasc Dis*. 2016 Dec;26(12):1112-1119.
- 3) Comparison of glycemic variability in Japanese patients with type 1 diabetes receiving **insulin degludec** versus insulin glargine using continuous glucose monitoring: A randomized, cross-over, pilot study. Onda Y, Nishimura R, Ando K, Takahashi H, Tsujino D, Utsunomiya K. *Diabetes Res Clin Pract*. 2016 Oct;120:149-55
- 4) **Insulin degludec**/insulin aspart in Japanese patients with type 1 diabetes mellitus: Distinct prandial and basal glucose-lowering effects. Haahr H, Sasaki T, Bardtrum L, Ikushima IJ. *Diabetes Investig*. 2016 Jul;7(4):574-80
- 5) **Insulin degludec** versus insulin glargine in type 1 and type 2 diabetes mellitus: a meta-analysis of endpoints in phase 3a trials. Vora J, Christensen T, Rana A, Bain SC. *Diabetes Ther*. 2014 Dec;5(2):435-46