PROPOSAL FOR OF AN ITALIAN CONSENSUS FOR USE OF CSII IN TYPE 2 DIABETE: IS IT FEASIBLE?

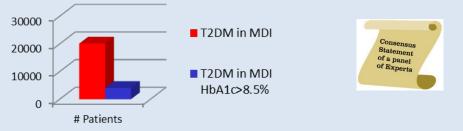
Authors: Grassi, G.(1); Gottero, C.(2); Gauna, C.(2); Massucco, P.(3); Gentile, L.(4); Ansaldi, E.(5); Girelli, A.(6); Sciangula, L.(7); Ciucci, A.(8); Tubili, C.(9); Vitale, C.(10); De Candia, L.(11); Piccinni, A.(12); Tonolo, G.(13); Guastamacchia, E.(14)

Affiliation: 1) Endocrinologia Citta della salute, Torino, 2) S. C. Endocrinologia e Malattie Metaboliche ASL TO2, Torino, 3) Medicina Interna AOU Orbassano (TO), 4) SOC Diabetologia ASL Asti, 5) S.C. Endocrinologia e Malattie Metaboliche, Osp. Alessandria, 6) UO Diabetologia Spedali Civili, Brescia, 7) Diabetologia Endocrinologia Osp. Mariano Comense, Como, 8) SSID diabetologia e d endocrinologia Como, 9) UOSD Diabetologia AO S.Camillo - Forlanini Roma, 10) UO Diabetologia, endocrinologia e malattie metaboliche Osp. S.Timoteo Termoli, 11) Centro anti Diabete Osp. M. Sarcone Terlizzi (BA), 12) AO Card. G. Panico Tricase(LE), 13) SC Diabetologia ATS Olbia, 14) Dip. Medicina. Univ. "Aldo Moro" Bari

Background

Over 1/3 of insulin-treated type 2 diabetes (T2DM) patients do not achieve a good glycaemic control despite multiple daily injections (MDI) optimization.

An Italian group of XX expert Centers, through an internal survey, evaluated the number of T2DM patients in MDI with HbA1c≥8.5% that belonged to their centers and they were 4084 patients out of 20.074 T2DM in MDI (24%).



For this cohort of patients continuous subcutaneous insulin infusion (CSII) could represent a useful therapy^{1,2,3}.

In some European countries, such as France, the therapy is fully reimbursed and largely adopted whilst in Italy the access to treatment is not guaranteed equally all over the country due to the actual Public Health System situation.

A recent review⁴ highlighted that National and International Guidelines should explicitly consider the role of insulin pump therapy in selected patients with Type 2 diabetes.

Aim of a group of Italian expert consensus is to propose a patient pathway to discuss at Institutional level in order to guarantee an equal access to treatment.

work Program

In order to highlight all the clinical and organizational aspects of CSII in type 2 diabetes patients, the consensus of experts will cover the following points:

- 1) why a consensus of experts is relevant according to clinical evidences
- 2) the Italian Public Health system situation
- 3) patients eligibility and Italian epidemiology
- 4) patients and physicians motivation: to look beyond the glycaemic control
- 5) CSII practice recommendation
- 6) is sensor augumented pump(SAP) useful in type 2 diabetes patients?
- 7) recommendations for therapy starting and follow-up
- 8) the role of data management and telemedicine
- 9) minimal requirements of a diabetology department



expected results

The success of this consensus will be evaluated according to the level and equity of therapy penetration in Italy in the next years using as key metric the level of dissemination and adoption of the proposed patient pathway.

References

Reznik Y, et al. Insulin pump treatment compared with multiple dailyinjections for treatment of type 2 diabetes (OpT2mise): a randomised open-label controlled trial. Lancet. 2014 Oct 4;384(9950):1265-72
 Aronson R, et al; OpT2mise Study Group.. Sustained efficacy of insulin pump therapy compared with multiple daily injections in type 2 diabetes: 12-month data from the OpT2mise randomized trial. Diabetes Obes Metab. 2016 May;18(5):500-7
 Reznik S, et al. Controlfectiveness of continuous submitmenus insulininfusion in people with ture 2

3) Roze S, et al. Cost-effectiveness of continuous subcutaneous insulininfusion in people with type 2 diabetes in the Netherlands. J Med Econ. 2016 Aug;19(8):742-9
4) Cohen O, Valentine W. Do We Need Updated Guidelines on the Use of Insulin PumpTherapy in Type 2 Diabetes?
4) Portional control of Diabetes and Interpretional Provide Guidelines on the Use of Insulin PumpTherapy in Type 2 Diabetes?

A Review of National and International Practice Guidelines. J Diabetes Sci Technol. 2016 Nov 1;10(6):1388-1398