INSULIN GLARGINE (IGlar) AND INSULIN DETEMIR (IDet) IN PATIENTS WITH TYPE 2 DIABETES (T2D) IN RUSSIA: A RETROSPECTIVE PRAGMATIC STUDY

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Background and aims

Meta-analyses of randomized clinical trials comparing IGlar and IDet show no difference in treatment efficacy, but the equality of its effectiveness in "real-life" clinical setting in Russia remains questionable. We aimed to provide this comparison in a retrospective pragmatic study.

Characteristics of included records

- ✓ 2000 medical records of adult patients with DM were analyzed
- ✓ 133 medical records were included
- ✓ 70% IGlar, 30% IDet
- ✓ 53% female, 47 % men

Methods

The inclusion criteria:

- ✓ Outpatients older than 18 years
- ✓ T2D for more than 6 month
- ✓ IGlar or IDet treatment for more than 6 month

Statistical analysis:

- Groups were compared with the use of Wilcoxon test or continuity-corrected Chi-Squared test (were appropriate).
- Factors, which possibly influence on HbA1c level, were analyzed via two-way ANOVA.

Results

- HbA1c was (mean±SE) 7.86±0.14% and 7.72±0.22% in IGlar and IDet groups, respectively (p=0.54). Fig.1
- Average dose of basal insulin was 0,31±0.01 U/kg and 0,32±0.02 U/kg in IGlar and IDet groups, respectively (p=0.31). Fig.2
- There was no between-group difference in percent of patients, able to reach a target goal of HbA1c ≤ 7.5%.
- There was no between-group difference for a target goal of HbA1c ≤ 7.0% neither.

Fig. 1. Average HbA_1C level

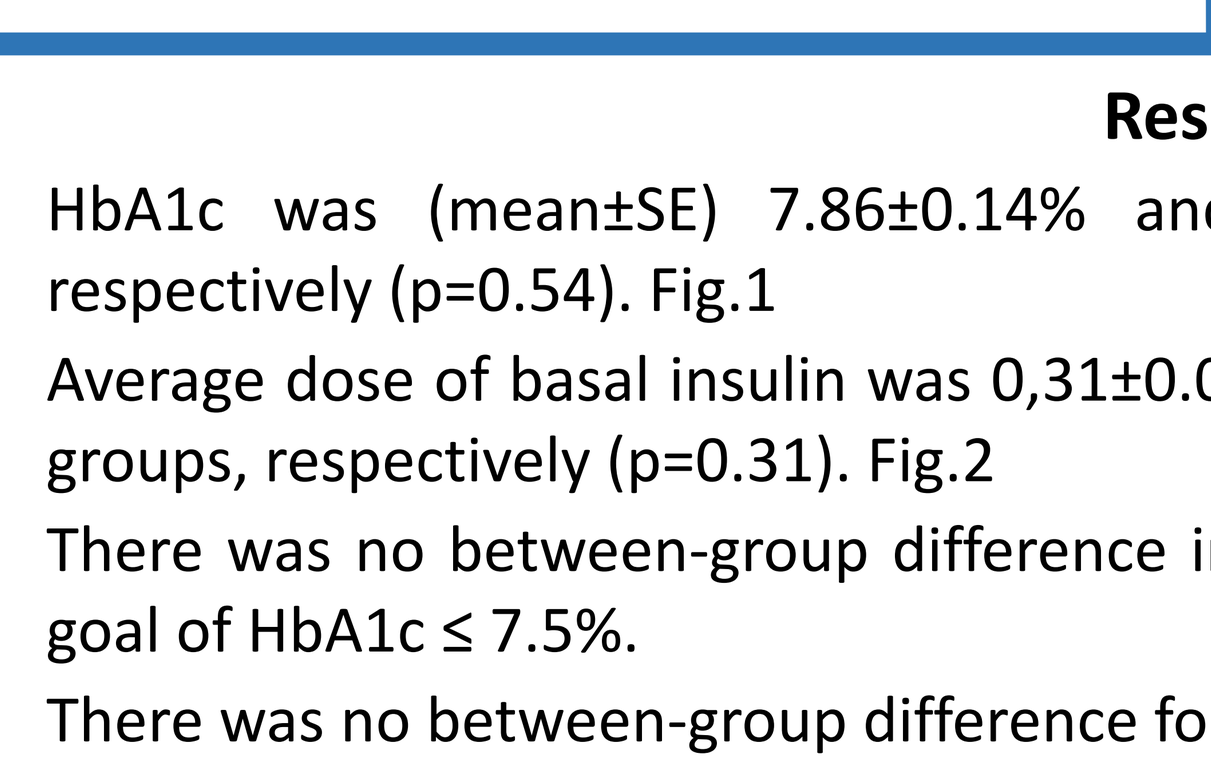
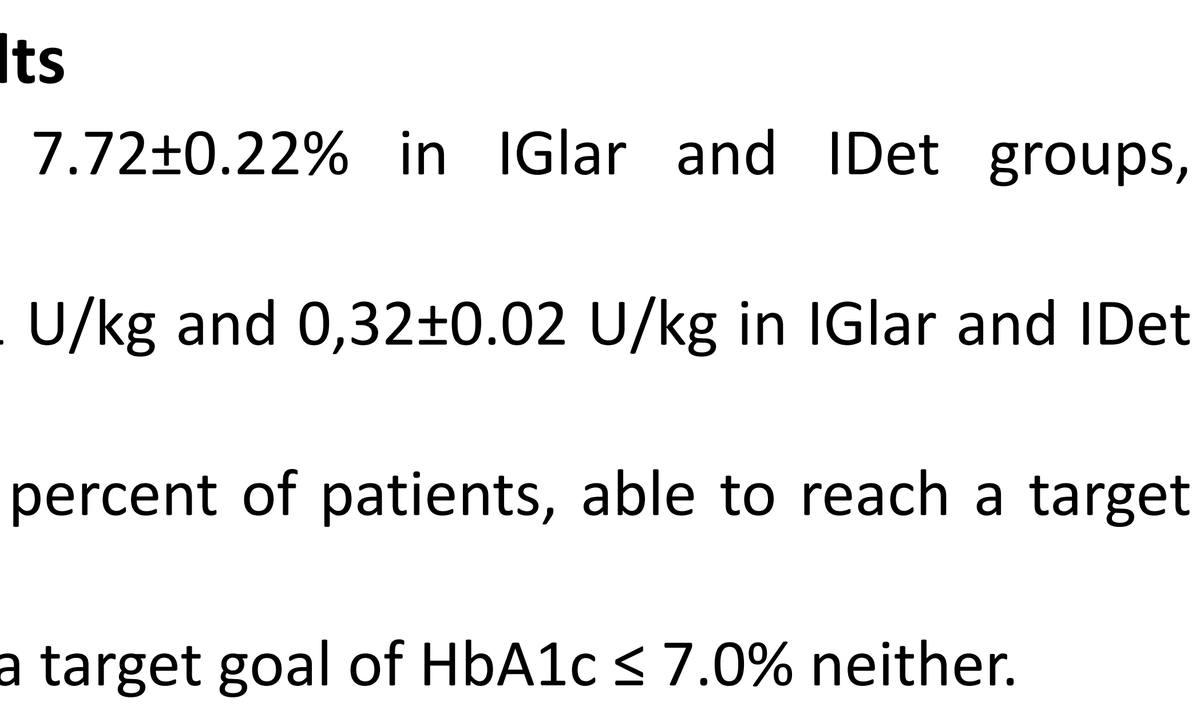


Fig. 2. Average dose of basal insulin U/kg



Conclusion

1. No difference between IGlar and IDet effectiveness for T2D treatment was shown in "real-life" clinical setting in Russia.
2. These results conform to ones shown in randomized clinical trials meta-analyses.
3. We propose to base a choice mainly on the quality of patients' life (frequency of injections, hypoglycemic and other events).

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