Use of Insulin Degludec in Type 1 Diabetes Clinical Practice in the U.K.—General Practice Data from Two English Regions and Data from the Association of British Clinical Diabetologists (ABCD) Nationwide Degludec Audit

Author Block: ALISTAIR N. LUMB, IAN W. GALLEN, ALEX BICKERTON, RALPH R. ABRAHAM, STEPHEN C. BAIN, ROY HARPER, ROBERT E. RYDER, ABCD NATIONWIDE DEGLUDEC AUDIT CONTRIBUTORS, Oxford, United Kingdom, Reading, United Kingdom, Yeovil, United Kingdom, London, United Kingdom, Swansea, United Kingdom, Belfast, United Kingdom, Birmingham, United Kingdom

In clinical trials insulin degludec (Tresiba) was associated with less hypoglycaemia and less day to day glucose variability than older basal insulins. This study assessed the use of insulin degludec in type 1 diabetes in real clinical practice in the UK. Data were extracted from General Practice records in 2 areas of England for people with type 1 diabetes, prescribed insulin degludec, who had weight and HbA1c measurements at baseline and at least 3 months into treatment. 77 eligible people were identified (43M, 44F). Mean age was 53.3 years (SD 19.9). In this unselected group, there was a significant reduction in HbA1c from 9.5% to 8.9% (p<.001), associated with a significant rise in weight from 78.4 to 80.7kg (P<.005). For individuals, there was no significant association between the change in HbA1c and change in weight.

These data were considered alongside data from the ABCD Nationwide Degludec Audit. In this audit, there were 144 people with type 1 diabetes who had weight and HbA1c measurements at baseline and at least 3 months into treatment at the time of the analysis (65M, 79F). Mean age was 44.1 years (SD 15.7). There was no significant reduction in HbA1c with degludec treatment (8.9% to 8.7%), and no significant increase in weight (77.2 to 77.7 kg).

We have previously shown in the ABCD Nationwide Degludec Audit that there is no significant change in HbA1c or weight in those switched to insulin degludec for reasons of hypoglycaemia (n=88), although hypoglycaemia is significantly improved. A significant reduction in HbA1c and significant increase in weight is seen in those switched to insulin degludec for reasons other than hypoglycaemia (n=56). If the majority of those in the General Practice database were switched to degludec for reasons other than hypoglycaemia, such as to reduce day to day glucose variability, this may explain the observed results.

Authors: ALISTAIR N. LUMB, IAN W. GALLEN, ALEX BICKERTON, RALPH R. ABRAHAM, STEPHEN C. BAIN, ROY HARPER, ROBERT E. RYDER, ABCD NATIONWIDE DEGLUDEC AUDIT CONTRIBUTORS, Oxford, United Kingdom, Reading, United Kingdom, Yeovil, United Kingdom, London, United Kingdom, Swansea, United Kingdom, Belfast, United Kingdom, Birmingham, United Kingdom

Disclosures: A.N. Lumb: Consultant; Self; Johnson & Johnson Services, Inc.. Other Relationship; Self; Abbott, Novo Nordisk A/S. I.W. Gallen: None. A. Bickerton: Advisory Panel; Self; Amgen Inc.. Other Relationship; Self; Novo Nordisk A/S. R.R. Abraham: Advisory Panel; Self; Novo Nordisk Inc. S.C. Bain: Research Support; Self; AstraZeneca, Novo Nordisk Inc.. R. Harper: None. R.E. Ryder: Advisory Panel; Self; Novo Nordisk A/S. Other Relationship; Self; AstraZeneca, Janssen Pharmaceuticals, Inc.. Speaker's Bureau; Self; Bioquest, Janssen Pharmaceuticals, Inc..