

BEYOND THERAPEUTIC INERTIA: EFFICACY AND SAFETY OF IDEGLIRA IN LATE-ELDERLY PATIENTS PREVIOUSLY TREATED WITH BASAL-BOLUS INSULIN REGIMEN



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PURPOSE

Diabetes management in older adults requires particular attention to medical, psychological, functional and social conditions which may impact self-management and quality of life. Consequently, treatment goals should be less stringent, especially in those with frailty and polypharmacy, and the risk of hypoglycemia needs to be reduced. Unfortunately, due to therapeutic inertia, many elderly patients still receive antidiabetic medications which may cause hypoglycemic events. The use of new medications such as GLP1 receptor agonists (alone or combined with long-acting insulin) may help to reduce the total amount of insulin administered and, therefore, the quality of life even in late-elderly patients (i.e. older than 75 years).

METHODS

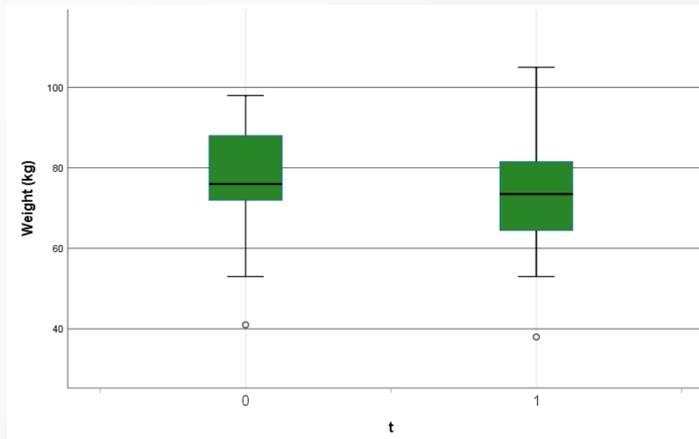
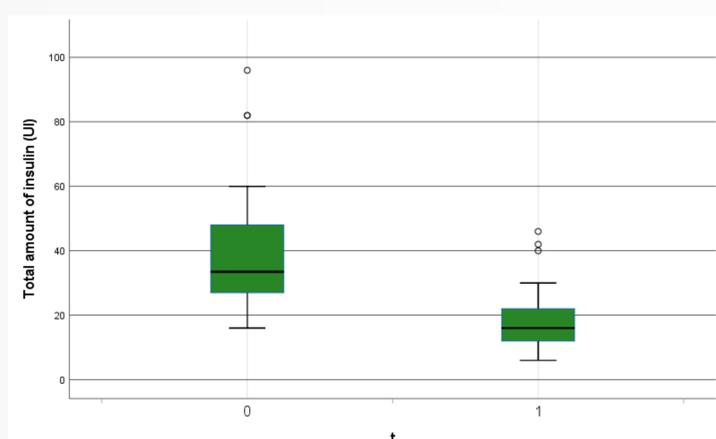
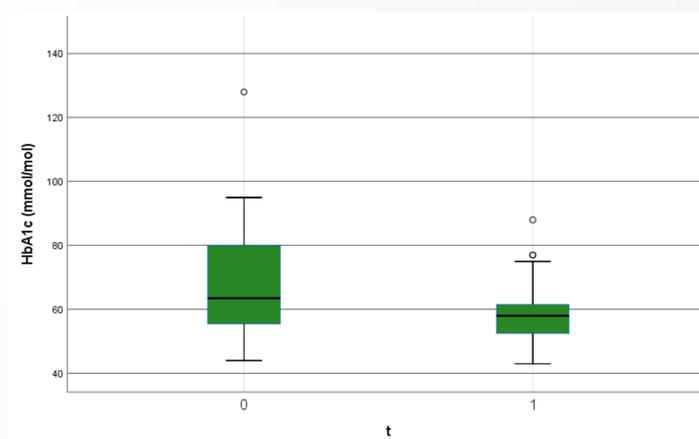
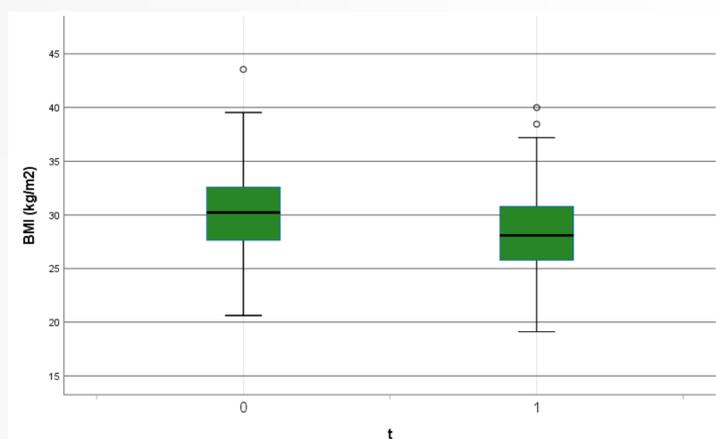
We retrospectively evaluated sixty late-elderly patients with diabetes (mean age 80.4±4.3 years) currently treated with basal-bolus insulin regimen with or without other antidiabetic oral medications. In order to reduce the risk of hypoglycemia and facilitate treatment self-management, we suspend basal-bolus insulin regimen in favour of a single morning subcutaneous administration of iDegLira (Xultophy®, NovoNordisk). We also educated patients (or their care-givers) about iDegLira titration and we reevaluated glycemic control after six months of treatment.

Descriptive analysis at t0

N	60
Sex Male (n, %)	43 (71.7%)
Mean age (y)	80.4±4.3
Mean years of diabetes (y)	22.8±9.2
Median weight (kg)	76.5 (71.0-86.0)
Median BMI (kg/m ²)	29.7 (27.8-32.4)
Median fasting glucose (mg/dl)	139.0 (108.0-168.8)
Mean HbA1c (mmol/mol)	65.7±16.2
Mean total amount of insulin received (UI)	41.6±18.2

RESULTS

After six months of treatment, mean serum HbA1c significantly lowered from 65.7±16.2 mmol/mol to 58.3±8.7 mmol/mol (t=3.633, p=0.001) while the mean total amount of insulin received was reduced from 41.6±18.2 UI to 18.0±8.3 UI (t=14.603, p<0.001). Also, the median weight reduced from 76.5 (71.0-86.0) kg to 73.5 (63.8-81.8) kg (Z=-6.022, p<0.001) and, consequently, the median BMI reduced from 29.7 (27.8-32.4) kg/m² to 28.1 (25.8-30.8) kg/m² (Z=-6.059, p<0.001). The median serum fasting glucose did not show any significant difference after six months of treatment. No one of the sixty patients quitted the therapy because of adverse events.



Values	t0	t1	t	p
HbA1c (mmol/mol)	65.7±16.2	58.3±8.7	3.633	0.001
Total amount of insulin received (UI)	41.6±18.2	18.0±8.3	14.603	<0.001

Values	t0	t1	Z	p
Weight (kg)	76.5 (71.0-86.0)	73.5 (63.8-81.8)	-6.022	<0.001
BMI (kg/m ²)	29.7 (27.8-32.4)	28.1 (25.8-30.8)	-6.059	<0.001
Fasting glucose (mg/dl)	139.0 (108.0-168.8)	128.5 (101.3-146.8)	-1.837	0.066

CONCLUSIONS

Our study shows that the use of iDegLira after withdrawal of basal-bolus insulin regimen in late-elderly patients may lead to an adequate glycemic control and better quality of life in terms of hypoglycemia avoidance and antidiabetic medication self-management.