IDegAsp IMPROVES GLYCEMIC CONTROL WITH MINIMAL HYPOGLYCEMIA - AN INDIAN REAL WORLD STUDY IN T2D SUBJECTS

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IDegAsp is the first insulin co-formulation and it consists of 70% insulin degludec (a basal insulin) and 30% insulin aspart (a rapid acting insulin).

The multiple advantages of this novel co-formulation include fewer hypoglycemic events, lower variability and fasting glucose and less resuspension errors compared to the premix analogues.

In routine diabetes practice, patients have customised A1c goals depending on the associated comorbidities and risk factors.

Currently, a real world data on this co-formulation from India is lacking.

AIM
To assess the safety and efficacy of IDegAsp in Indian T2D subjects in a real-world setting.

BACKGROUND
- T2D patients initiated on IDegAsp and on regular follow-up were de-identified from EMRs.
- Clinical outcomes and hypoglycemic events were captured.

BASELINE CHARACTERISTICS

<table>
<thead>
<tr>
<th>A1c (%)</th>
<th>n= 152</th>
<th>78.57% males</th>
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<tbody>
<tr>
<td>Age</td>
<td>52.9±11.9 years</td>
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<td>% of patients only on OHAs</td>
<td>36.39%</td>
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<td>% of patients on OHAs+insulin</td>
<td>63.61%</td>
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<tr>
<td>IDegAsp treatment duration</td>
<td>10.3±6.5 months</td>
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METHODS
- T2D patients initiated on IDegAsp and on regular follow-up were de-identified from EMRs.
- Clinical outcomes and hypoglycemic events were captured.

RESULTS
- 92% of the patients achieved customised A1c targets.
- Significant baseline changes were noted in A1c (-0.91%, p=0.0004), FBS (-41.4 mg/dL, p<0.0001) and body weight (-0.80 kg, p=0.0083).
- At the time of data retrieval, 26.60% of the patients were on once daily IDegAsp and 73.40% were on twice daily IDegAsp.
- Five hypoglycemic episodes were reported (none severe).
- There were no reported episodes of nocturnal hypog.

CONCLUSIONS
In this real-world study involving T2D subjects in India, IDegAsp improved A1c and FBS significantly, with less hypoglycemia and no weight gain. Some of these outcomes are contrary to those reported in clinical trials and could have resulted from the new combination oral therapies.

REFERENCES