Insulin Regimens for Type 2 Diabetes Compared

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CHICAGO — When advancing a patient with type 2 diabetes to insulin therapy, the choice of whether to use mealtime insulin plus a basal insulin at bedtime or just a mealtime mix of rapid- and longer-acting insulin does not make a difference.

However, in a head-to-head trial of the two strategies, a slightly higher proportion of the patients given basal plus mealtime insulin achieved a hemoglobin A_{1c} (HbA_{1c}) level below 7%, with a lower dose of insulin needed, Dr. Julio Rosenstock said at the annual scientific sessions of the American Diabetes Association.

"Basal-bolus therapy in our trial was associated with a slightly greater reduction in A_{1c} from baseline, a 2.1% reduction versus 1.9% reduction."But "clinically meaningful achievements in glycemic control can be achieved with both basal-bolus therapy and prandial-premix therapy in combination with oral agents in patients with type 2 diabetes previously treated with insulin glargine plus oral agents," added Dr. Rosenstock, an endocrinologist in Dallas.

In the trial, one group of 187 adult patients who had been on insulin glargine plus oral agents but who were not well-controlled were put on a regimen of glargine insulin in the evenings together with lispro insulin at mealtime. A second group of 187 similar patients were put on a 50/50 mix of lispro insulin and NPL (neutral protamine lispro) insulin.

At the end of 24 weeks, 50% of those on the regimen that included evening basal insulin glargine had an HbA_{1c} equal to or below 6.5%, compared with 35% of those on the mealtime-mix regimen. In addition, 69% and 54%, respectively, achieved an HbA_{1c} equal to or below 7%.

Overall, the mean HbA_{1c} levels of the groups dropped from 8.9% in both groups to 6.8% in the basal group and 7% in the mealtime-mix group. ■