


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ABSTRACT BOOK

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Significant Improvements in Glycemic Control without Weight Gain with Insulin Detemir in Clinical Reality: Experience from Macedonian Clinical Practice

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Unwanted weight gain is a recognized side-effect of insulin therapy, and can act as a barrier to insulin initiation and intensification. This prospective, multi-center, 24-week observational study explored efficacy, weight change and safety for insulin detemir (IDet) use in type 1 and 2 diabetes patients under normal clinical practice conditions in Macedonia. Results presented are for 1053 patients on various regimens from 30 diabetes centers (44.7% male; mean age 60.0 ± 12.3 y; type 2 diabetes 93.4%; diabetes duration 8.7 ± 6.4 y; BMI 28.1 ± 4.9 kg/m²) inadequately controlled on prior treatment (50.8% with OAD; 38.7% with insulin). Most patients were initiated with (76.6%) and/or completed the study (80.3%) on once-daily IDet. Baseline and 24-week total daily insulin doses (U/day) were 25.2 ± 10.9 and 29.4 ± 9.7 , respectively. For patients on basal-bolus therapy, total daily bolus insulin (insulin aspart) dose was reduced from 27.0 ± 11.9 U at baseline to 22.1 ± 13.0 U at week 24 (n=197). At 24 weeks, mean HbA1c and FPG were significantly improved compared to baseline. The proportion of patients achieving target HbA1c <7% increased from baseline (11.7% vs 38.8% at week 24). Despite an improvement in HbA1c of 1.78%, there was a trend for modest weight reduction (Table). No major hypoglycemic events were reported and no safety issues were raised during the study. Our findings support data from randomized controlled trials that show once-daily IDet can be used to bring about clinically important improvements in glycemic control without weight gain.

Change from baseline to endpoint following IDet use

	Baseline	24 Weeks	Change (Baseline-24 Weeks)	p-value
HbA1c (%)	9.23 ± 1.97	7.40 ± 1.06	-1.78 ± 1.81	<0.0001
FPG (mg/dL)	193.86 ± 67.32	126.54 ± 22.5	-63.90 ± 67.32	<0.0001
Weight (kg)	76.38 ± 14.0	75.75 ± 12.38	-0.81 ± 11.66	0.08

