ASSOCIATION BETWEEN HYPOGLYCEMIA EPISODES AND CHANGES IN THE SULPHONYLUREA TREATMENT PATTERN IN TYPE 2 DIABETES MELLITUS (T2DM) PATIENTS. RECAP-DM SPANISH COHORT STUDY

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OBJECTIVES: To assess the association of patient self-reported hypoglycemic-symptoms with dose reduction of sulphonylureas or change to another glucose-lowering drug class in adult patients with T2DM on oral anti-hyperglycemic therapy in Spain.

METHODS: A retrospective study included patients ≥30 years at time of T2DM diagnosis that had added SU or PPARg-agonist to previous MF. The information was extracted from the patients’ clinical charts, for up to 7 months baseline period (before SU or PPAR addition) and for a minimum of one year follow-up period (between therapy addition and date of survey), including: patients’ demographic characteristics, glucose lowering therapy and HbA1c. Patient-reported hypoglycemic episodes during the year prior to study enrollment were collected, and patients were grouped according to the most severe episode they had reported. Patients that had not received a SU anytime in that period, and those that received insulin anytime during this period were excluded from the analysis.

RESULTS: A total of 493 patients were recruited, and 323 included in this analysis. Average age was 64 years and 46.5% were female. Average time for the initiation of oral combination therapy was 2.9 years. Their average HbA1c at baseline was 8% and 7.1% at the end of follow-up period. During the year prior to study enrollment, 119 patients (37%) reported hypoglycemic episodes; 75% only mild symptoms (no interruption of daily activities) and 25% at least one moderate (some interruption of activities) or severe/very severe symptoms (requiring non-medical/ medical assistance). A total of 12.4% of the patients had their SU dose reduced, suspended or replaced for either a glinide or a PPAR: 9% of patients without hypoglycemic symptoms, 15.6% of patient with mild symptoms and 24.1% of patients with from moderate to very severe hypoglycaemic symptoms (Chi-squared, p = 0.04). CONCLUSIONS: Patient-reported experience of hypoglycemic symptoms was associated with higher odds of changing the SU treatment pattern.