

TIME TO INSULIN INITIATION IN TYPE 2 DIABETES PATIENTS IN 2010/2011 AND 2016/2017 IN GERMANY

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BACKGROUND:

The aim of the current study was to determine whether the time to insulin therapy initiation in patients with type 2 diabetes in primary care in Germany has changed in recent years.

METHODS:

Longitudinal data from general practices in Germany (IMS® Disease Analyzer) were analyzed. These data included information of 7128 patients (age: 68.5 [SD: 11.5] years; 54.4% male) receiving incident insulin therapy in 2010/2011 and 8216 patients (age: 69.1 [SD: 11.9] years; 54.9% male) receiving incident insulin therapy in 2016/2017. Changes in time to insulin initiation in the practices and the last HbA1c value before the start of insulin therapy were analyzed, stratified by index date. To analyze the impact of covariables on the time to insulin initiation, a multivariate regression analysis was performed, adjusted for age, sex, diabetologist care, and HbA1c as independent variables.

RESULTS:

Median time from T2D diagnosis to insulin therapy in the Disease Analyzer database increased from 1717 days in 2010/2011 to 1917 days in 2016/2017 ($P < .001$). The proportion of patients with a HbA1c value $\geq 9\%$ before insulin initiation was high in both groups (2010/2011: 33.0%, 2016/2017: 34.2%, $P = .347$). The time to insulin initiation in DPP-4i patients was 112 days longer, and in SGLT2 patients 346 days longer than in patients treated with sulfonylurea.

CONCLUSIONS:

The present analysis confirms an increasing delay of the insulin therapy initiation as a consequence of the more frequent use of newer oral antidiabetics. However, the rather moderate increase of time to insulin might display insufficient long-term glycemic control using these agents. Still, more than one-third of patients receive insulin only when HbA1c levels exceed 9%.

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If you would like to read any of the studies in its entirety, please, contact us to obtain the full version of a publication. Also, our research director is at your disposal if you have any further questions.

Thank you for your interest!