

CLAHRCBITE

Brokering innovation through evidence

Second-line glucose-lowering therapies are initiated too late



Results

Many patients with type 2 diabetes mellitus (T2DM) have very high glycated haemoglobin (HbA1c) levels when initiating second-line therapy, indicating the need for earlier treatment intensification

Who needs to know?

Patients with T2DM

What did we do:

To investigate determinants of change in HbA1c in patients with T2DM at 6 months after initiating uninterrupted second-line glucose-lowering therapies.

What we found and what does this mean:

Second-line glucose-lowering therapies are frequently initiated far later and at higher HbA1c levels than recommended guidelines. Almost a quarter of patients in the study discontinued Metformin, more than expected if guideline recommendations were applied. While the 6-month change in HbA1c did not differ much according to choice of second-line therapy, there was a non-linear relationship between baseline HbA1c and 6-month HbA1c changes. Moreover, patient-specific factors merit consideration when making treatment decisions.

What next:

The data from this large representative study will complement future results from the prospective DISCOVER studies.

Evidence:

Khunti K, Godec TR, Medina J, Garcia-Alvarez L, Hiller J, Gomes MB, et al. Patterns of glycaemic control in patients with type 2 diabetes mellitus initiating second-line therapy after metformin monotherapy: Retrospective data for 10256 individuals from the United Kingdom and Germany. *Diabetes Obes Metab.* 2017. dx.doi.org/10.1111/dom.13083

What is NIHR CLAHRC EM?

NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) are collaborations between the NHS, universities and local organisations. Our goals are to conduct applied health research across the East Midlands and translate our research findings into improved outcomes for the public.

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