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16.6% (1 in 6) patients who continued insulin at the time of exenatide start came off insulin in the Association of British Clinical Diabetologists (ABCD) Nationwide Exenatide Audit

K.Y. Thong<sup>1</sup>, B. Jose<sup>1</sup>, N. Sukumar<sup>1</sup>, M.L. Cull<sup>1</sup>, A.P. Mills<sup>1</sup>, T. Sathyapalan<sup>2</sup>, W. Shafiq<sup>2</sup>, A. Rigby<sup>2</sup>, C. Walton<sup>2</sup>, R.E.J. Ryder<sup>1</sup>, on behalf of the ABCD nationwide exenatide audit contributors; <sup>1</sup>Diabetes, City Hospital, Birmingham, United Kingdom, <sup>2</sup>Diabetes, Hull Royal Infirmary, Hull, United Kingdom.

**Introduction**

ABCD conducted a nationwide audit on exenatide in real life clinical practice, with 315 contributors from 126 centres participating. Exenatide is not licensed for use with insulin, but patients who stop insulin when trialling exenatide often have worsening glycaemic control. We evaluated the likelihood and predictors of coming off insulin if insulin was continued at exenatide start.

**Methods**

Patients who continued insulin at exenatide start were identified in the audit. Baseline and latest HbA1c and weight were compared between patients who remained on insulin and patients who continued but subsequently weaned off insulin. Logistic regression was performed to identify characteristics of these groups.

**Results**

From 6717 patients, 1496 patients were on insulin at exenatide start and 1257 patients had their insulin continued. At a median follow up of 26.3 weeks, 1048/1257 patients remained on insulin, while 209/1257 (16.6%) came off insulin. Mean (+SD) baseline characteristics of both groups combined were HbA1c 9.50 + 1.71%, weight 113.7 + 22.6 kg, BMI 40.3 + 7.5 kg/m<sup>2</sup>, age 55.3 + 10.3 years, diabetes duration 12.2 + 6.4 years, insulin dose 120.3 + 98.9 units/day, and 51.2% female. Comparing patients who remained on insulin and those who came off, mean (+SE) HbA1c and weight reduction were 0.51 + 0.06% v 0.49 + 0.17% (p=0.927), and 5.2 + 0.3 v 8.8 + 0.7 kg (p<0.001), respectively. Characteristics that were independently associated with patients coming off insulin were a higher weight loss (p<0.001) and lower total daily insulin dose (p<0.001).

**Conclusion**

- 16.6% (1 in 6) patients who continued insulin at the time of exenatide start came off insulin in the ABCD Nationwide Exenatide Audit.
- A lower total daily insulin dose predicted the likelihood of coming off insulin when starting exenatide in obese, insulin-treated patients.