



Combined insulin and liraglutide is associated with metabolic improvement and reduction in insulin dose in commonly prescribed insulin regimens: an ABCD Nationwide Liraglutide Audit analysis

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BACKGROUND

Liraglutide added to insulin is not licensed except that insulin detemir may be added to it. Combined liraglutide-insulin is not supported by the UK's national institute for clinical excellence (NICE).

ABCD Nationwide Liraglutide Audit

This initiative was launched in 2009 and is on-going collecting data obtained as part of standard care (including insulin co-prescription information) on UK patients treated with liraglutide. Baseline characteristics (n=5643): 55.5±11.0yrs, diabetes duration 9.0(IQR6.0-13.0) years, weight 110.5±22.8kg, HbA1c 9.4±1.7%, BMI 38.8kg/m² vs combined clinical trials HbA1c 8.5%, BMI 31kg/m².

AIM

To evaluate the efficacy and safety of the addition of liraglutide to common insulin regimens.

METHOD

- Data was obtained from ABCD nationwide audit of liraglutide in real clinical use (2009 – 2013; n=5643).
- Patients categorised according to their insulin regime at liraglutide initiation:
 - No insulin
 - Basal insulin
 - Basal-bolus insulin
 - Biphasic insulin
 - Other
- Descriptive statistics, before and after comparisons were performed of HbA1c, weight, BMI and insulin dose; patients were excluded if there was missing baseline or follow-up data or if the interval between relevant parameter was <6 weeks or >1 year.

RESULTS

Fig. 1. The pie chart shows the breakdown of patients by insulin regime at liraglutide initiation in terms of number of patients (%).

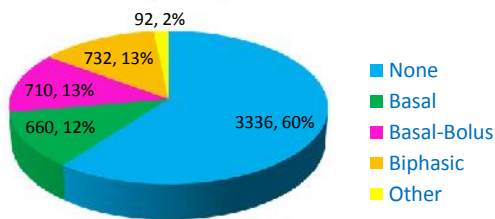
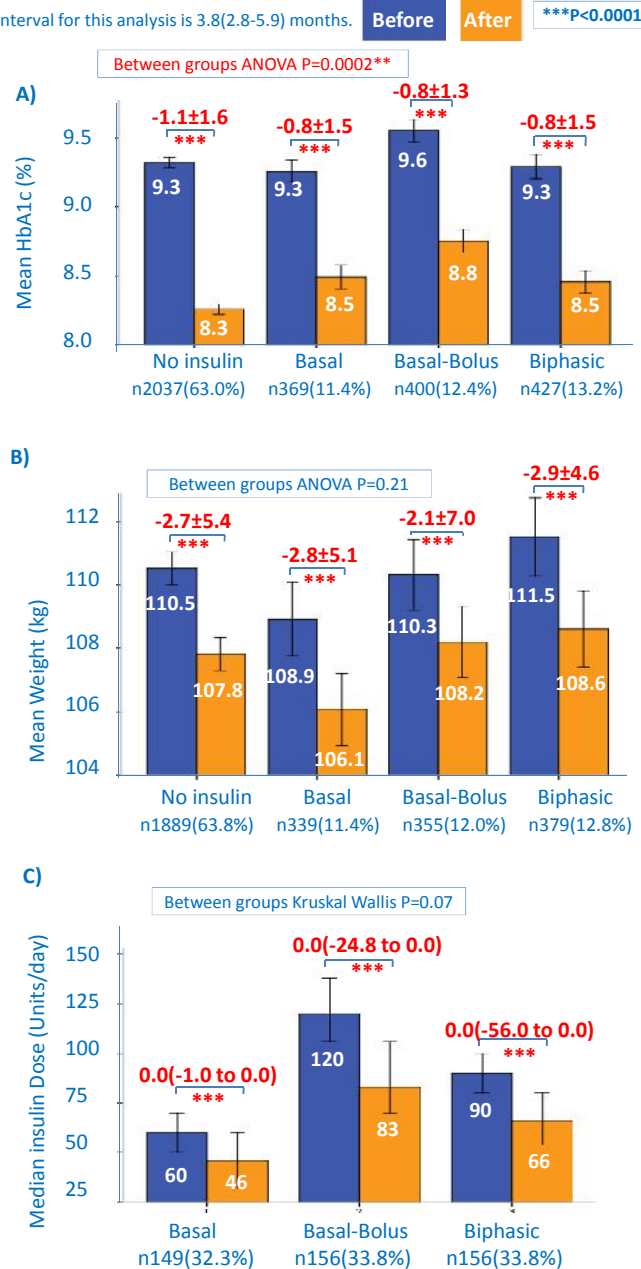


Table 1. Baseline characteristics of patients categorised by their insulin regime at liraglutide initiation. P values: *<0.01, **<0.001, ***<0.0001

| | Basal insulin n=660 (31.4%) | Basal-bolus insulin n=710 (33.8%) | Biphasic insulin n=732 (34.8%) | P-value |
|---------------------------|--------------------------------|--------------------------------------|-----------------------------------|------------|
| N (%) | 660 (31.4%) | 710 (33.8%) | 732 (34.8%) | |
| Male (%) | 53.7 | 51.0 | 51.6 | 0.54 |
| Caucasian (%) | 87.4 | 85.0 | 85.9 | 0.51 |
| Age (years) | 55.2±12.0 | 54.6±11.8 | 57.3±10.6 | <0.0001*** |
| Diabetes duration (years) | 10(7-13) | 13(9-19) | 10(7-15) | <0.0001*** |
| HbA1c (%) | 9.3±1.7 | 9.6±1.7 | 9.4±1.8 | 0.002* |
| BMI (Kg/m ²) | 38.5±6.9 | 38.7±7.4 | 39.3±7.2 | 0.10 |
| Weight (Kg) | 109.5±21.9 | 110.7±22.0 | 111.2±23.6 | 0.39 |
| Insulin dose (units) | 60.0(30.0-116.0) | 120.0(74.5-201.5) | 90.0(56.0-136) | <0.0001*** |

Fig. 2. Clustered bar charts displaying baseline and follow-up A) mean HbA1c, B) mean weight, C) median insulin dose between the different insulin regimens. Error bars indicate 1SE for means, 95% confidence interval for median. Median follow-up interval for this analysis is 3.8(2.8-5.9) months. ***P<0.0001



CONCLUSION

Patients for whom liraglutide is added to insulin in any of the common insulin regimens show:

- Comparable improvement in metabolic parameters to each other
- Comparable reduction in weight to those not on insulin
- a trend to reduction in the total daily insulin dose

This analysis evaluating co-prescription of liraglutide and insulin may have implications regarding future treatment of patients with type 2 diabetes – there is no good rationale for limiting liraglutide use with basal insulin regimens only.