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Clare Bradley¹, Gerd Plewe², Christine Kliebe-Frisch³, Matthias Axel Schweitzer³ and Hans Uwe Janka². ¹London, United Kingdom; ²Bremen, Germany and ³Bad Soden, Germany.

In type 2 diabetes, if good glycemic control is not maintained with oral antidiabetic agents (OADs), physicians often stop OADs and introduce twice-daily premixed insulins. In this 24-week, multicenter, open, parallel group study, 364 patients with type 2 diabetes and poor glycemic control using OADs were treated with once-daily insulin glargine (GLAR) with continued OADs (GLAR+OAD; glimepiride + metformin) or premixed 30% regular/70% human NPH insulin twice daily (70/30) alone. Insulin dosage was titrated to target fasting blood glucose (FBG) ≤ 100 mg/dL (≤ 5.6 mmol/L) with GLAR+OAD and to both FBG ≤ 100 mg/dL and pre-dinner BG ≤ 100 mg/dL with 70/30, using a weekly forced-titration algorithm. To measure treatment satisfaction and change in treatment satisfaction, patients completed the Diabetes Treatment Satisfaction Questionnaire (DTSQs; status version) at baseline and endpoint and DTSQc (change version) at endpoint; 323 and 253 patients were included in the analysis of DTSQs and DTSQc scores, respectively. Maximum scores of 36.00 (DTSQs) and 18.00 (DTSQc) indicated optimal treatment satisfaction and improvement in treatment satisfaction. Mean HbA_{1c} decrease was significantly greater (-1.64 vs -1.31% ; $p=0.0003$) and more patients reached HbA_{1c} $\leq 7.0\%$ without nocturnal hypoglycemia (45.5 vs 28.6% ; $p=0.0013$) in the GLAR+OAD versus 70/30 group. At baseline, there was no difference in treatment satisfaction scores between the groups (GLAR+OAD: 26.91 vs 70/30: 26.26; $p=0.3603$). At study end, scores increased in both groups but changes were significantly greater in the GLAR+OAD vs the 70/30 group ($+3.95$ vs $+2.32$; $p=0.0022$). For DTSQc, the treatment satisfaction score at study end was higher in GLAR+OAD- versus 70/30-treated patients (mean score 14.00 vs 11.54; $p=0.0012$). Initiating insulin therapy with the GLAR+OAD regimen is associated with a greater improvement in treatment

satisfaction versus switching to twice-daily 70/30 alone.