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VIDEO ROUNDTABLE

ABSTRACT

Optimizing Insulin Therapy: Basal Insulin and Beyond

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Data suggest that in patients with type 2 diabetes, there has been little or no improvement in glycated hemoglobin (A1C) and other glycemic parameters over recent decades. In this digital roundtable discussion, the speakers address challenges faced every day in clinical practice, and provide practical advice regarding how primary care clinicians can overcome clinical inertia. The speakers particularly focus on how to manage patients who are treated with basal insulin, yet are unable to achieve good glycemic control. The discussion is broken down into 3 main parts.

First, the speakers discuss reasons why clinicians don't move forward with therapy. These reasons may include not recognizing the importance of treatment intensification, clinicians' concerns about hypoglycemia in their patients, and delays in initiating injectable therapy.

Second, the speakers discuss when clinicians should move forward with therapy. American Diabetes Association (ADA) guidelines state that patients who do not meet A1C goals on current medication should intensify therapy within 3 months. Importantly, patients intensifying oral antidiabetic drugs therapy with basal insulin who do not achieve A1C goals of <7% within 12 months have been shown to have a very low conditional probability to do so thereafter, highlighting the importance of timely intensification.

Finally, the speakers discuss options for therapeutic intensification, and their respective benefits and risks. These options include glucagon-like peptide-1 receptor agonists (GLP-1 RAs), fixed-ratio combinations of basal insulin and GLP-1 RA, basal/bolus insulin, and continued basal insulin titration. Further, the speakers discuss the role of patient counseling and how clinicians can be supported in patient management.

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DISCLOSURES

Dr. Aroda has had research contracts (clinical trials) within the past 12 months from: AstraZeneca/BMS, Calibra, Eisai, Elcelyx, Janssen, Novo Nordisk, Sanofi, and Theracos; has performed consultant activities within the past 12 months for the American Diabetes Association, Medscape, Novo Nordisk, Sanofi, and Tufts.

Dr. Johhnson serves or has served on the speakers' bureaus for Medtronic and Novo Nordisk; serves or has served on advisory panels for Novo Nordisk and Sanofi.

Ms. Novak serves or has served on the speakers' bureaus for AstraZeneca, Janssen, and Novo Nordisk; serves or has served on advisory boards and as a consultant for Novo Nordisk and Sanofi.

Dr. Skolnik serves or has served on the advisory boards for AstraZeneca, Boehringer Ingelheim, Intarcia, Janssen Pharmaceuticals, Lilly, Sanofi, and Teva; serves or has served on the speakers' bureaus for AstraZeneca and Boehringer Ingelheim; received research support from AstraZeneca and Sanofi.

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VIDEO

The video roundtable associated with this abstract can be found online at www.mdedge.com/jfponline/clinical_inertia

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