Weight Does Not Hinder Quality of Health Care

BY MARY ANN MOON

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bese and overweight patients do not appear to receive inferior health care, compared with normal-weight patients, according to an analysis of almost 70,000 patients.

In fact, patients with a higher body mass index may be more likely to undergo lipid screening and hemoglobin $\rm A_{1c}$ testing; vaccination for influenza and pneumococcus; and screening for breast, colorectal, and cervical cancer, said Dr. Virginia W. Chang of the University of Pennsylvania, Philadelphia, and her associates.

They studied data from nationally representative samples of 36,122 Medicare beneficiaries and 33,550 Veterans Affairs patients. The prevalence of obesity was 20% in the Medicare group and 39% in

the VA group. Eight quality-of-care measures were examined: whether diabetic patients received eye exams, lipid screening, and HbA_{1c} tests; whether appropriate patients received influenza and pneumococcal vaccines; and whether appropriate patients were offered mammography, Pap smears, and colorectal cancer screening.

Across all measures in both samples, "there was no instance in which obese or overweight individuals were estimated to

have significantly lower odds of recommended care relative to normal-weight individuals," the researchers wrote (IAMA 2010;303:1274-81).

"Our findings may not be generalizable to quality of care in younger populations," the researchers noted.

The study was supported by the Veterans Health Administration and the Robert Wood Johnson Foundation. No financial conflicts were reported.

Indication

Humalog (insulin lispro injection [rDNA origin]) is for use in patients with diabetes mellitus for the control of hyperglycemia. Humalog should be used with longer-acting insulin, except when used in combination with sulfonylureas in patients with type 2 diabetes.

Important Safety Information

Humalog is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or one of its excipients.

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of action. Therefore, when used as a mealtime insulin, Humalog should be given within 15 minutes before or immediately after a meal.

Due to the short duration of action of Humalog, patients with type 1 diabetes also require a longer-acting insulin to maintain glucose control (except when using an insulin pump). Glucose monitoring is recommended for all patients with diabetes.

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

Starting or changing insulin therapy should be done cautiously and only under medical supervision.

Hypoglycemia

Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. Hypoglycemia can happen suddenly, and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life-threatening.

Other Side Effects

Other potential side effects associated with the use of insulins include: hypokalemia, weight gain, lipodystrophy, and hypersensitivity. Systemic allergy is less common, but may be life-threatening. Because of the difference in action of Humalog, care should be taken in patients in whom hypoglycemia or hypokalemia may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level).

For additional safety profile and other important prescribing considerations, see accompanying Brief Summary of full Prescribing Information.

Please see full user manual that accompanies the pen.

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insulin lispro injection (rDNA origin)

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