DEGLUDEC INSULIN IN TYPE 1 DIABETIC PATIENTS: 18 MONTHS OF OBSERVATION
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Abstract
In the treatment of diabetes, longer-acting insulins with lower rates of hypoglycemia are sought. Objective: Use of ultralong-acting insulin analog Degludec in type 1 diabetic patients (T1D) previously treated with insulin Glargine U-100. Patients and method: 230 T1D patients were observed during 18 months, average of age 34 years and of diagnosis 14 years, registering clinical, biochemical, hypoglycemic events and insulin requirements (U/kg weight). All in basal - bolus regimen, with insulin Degludec and insulin ultra-fast pre-meals. Degludec adjusted fortnightly. Results: At 3 months, the fasting glycemia decreased from 253 mg/dl (243-270) to 180 mg/dl (172 - 240) (p<0.05); at 6 months at 156 mg/dl (137-180) (p<0.05); at 12 months at 151 mg/dl (50-328) (p<0.001) and at 18 months 150 mg/dl (50-321) (p<0.001). HbA1c, initially of 10.6% (10.3 - 12.2), decreased after 3 months to 8.7% (8.2-11.1) (p<0.05) to 6 months 8.3% (8.0-9.6) (p<0.05) to 12 months 9.0% (5.9-14.5) (p<0.001), to 18 months 9.0% (5.9-14.6) (p<0.001). The dose of Degludec was 0.5 U/kg weight al 18 months. The hypoglycemia were: at 3 months 14 milds, 4 moderate, 1 severe; at 6 months 8 mild, 2 moderate and none serious; at 12 months 1 mild, and at 18 months did not present hypoglycemic events. Conclusion: Degludec in T1D showed to reduce fasting glycemia and HbA1c, and lower number of hypoglycemia in the follow up.

Biography:
Lilian Sanhueza MD, especiality Internal Medicine, Diabetologist, Associated Professor, Faculty of Medical Sciences, University of Santiago of Chile. Opinion leader in Latin America permanently contributing to Diabetology with several publications on the different topics of this disease. She works at the Diabetes Unit, Department of Medicine San Juan de Dios Hospital, Santiago, Chile. Also in undergraduate and postgraduate university teaching.

Speaker Publications:
Pathogenesis of Type 2 Diabetes Mellitus
Diabetes Mellitus: A Group of Genetic-Based Metabolic Diseases
Risk of obstructive sleep apnea and impaired glucose metabolism in non-diabetic subjects

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