PATIENTS WITH T2D TREATED WITH INSULIN DEGUDEC/LIRAGLUTIDE (IDEG-LIRA) HAVE A GREATER CHANCE OF REACHING GLYCEMIC TARGETS WITHOUT HYPOGLYCEMIA AND WEIGHT GAIN THAN WITH INSULIN GLARGINE (IG)

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This post hoc analysis of DUAL V explored whether patients achieving glycemic targets (A1c 7% or a fasting plasma glucose [FPG] target of 130 mg/dl) also achieved composite endpoints relevant to diabetes management. DUAL V was a 26 wk open label, treat-to-target trial that randomized patients (n=557) with T2D uncontrolled (A1c 7-10%) on IG (20-50U) to either once-daily IDegLira (16 dose steps initially) or continued IG titration, both + Metformin. The odds of reaching a FPG target of 130 mg/dl or A1c 7% without hypoglycemia and/or weight gain are statistically significantly higher for IDegLira vs. IG treated patients. Across baseline A1c groups (≤7.5, 7.5-≤8.5 and 8.5%) more patients achieved A1c 7% (87% vs. 66%; 76% vs. 50%; 59% vs. 31%), A1c 7% with no hypoglycemia (67% vs. 45%; 55% vs. 30%; 47% vs. 19%) and A1c 7% with no hypoglycemia and no weight gain (51% vs. 25%; 39% vs. 11%; 32% vs. 5%) with IDegLira vs. IG (p<0.005 for all). Importantly, FPG and A1c were significantly reduced at wk 4, 8 and 12 with IDegLira vs. IG demonstrating glycaemic control upon IDegLira initiation. This analysis suggests that the clinical advantages of IDegLira over IG in DUAL V would also be observed in clinical practice allowing patients to experience improvements in glycemic control without the detrimental effects of hypoglycemia or weight gain.