

Oral Presentation Australian Diabetes Society and the Australian Diabetes Educators Association Annual Scientific Meeting 2014

Days

Tuesday, 26th August (/days/2014-08-26)

Wednesday, 27th August (/days/2014-08-27)

Thursday, 28th August (/days/2014-08-28)

Friday, 29th August (/days/2014-08-29)

Search

Speakers (/speakers)

Benefits of GLP-1 Analogue and Insulin Combinations in a Nurse Practitioner Supported Service (#117) ^

Giuliana Murfet¹, Michelle Woods^{2 3}, Jenna Hills¹ ∨

1. Diabetes Centre, Tasmanian Health Organisation-North West, Burnie, TAS, Australia
2. Royal Hobart Hospital Diabetes Centre, Tasmanian Health Organisation - South, Hobart, Tasmania, Australia ⤴
3. School of Health Sciences, University of Tasmania, Hobart, Tasmania, Australia

Aim: To describe outcomes of a GLP-1 analogue and insulin combination service supported by nurse practitioners/credentialled diabetes educators

Background: NICE guidelines place use of GLP-1 analogues as third-line addition to oral therapy in obese patients where weight loss would benefit comorbidities. In 2012 the TGA approved their use as an adjunct to insulin Glargine; but this is not reimbursed by PBS. Ceasing GLP-1 analogues to commence insulin therapy can have a major impact on people with type 2 diabetes in terms of excess weight gain that may impact other co-morbidities.

Methodology: Tasmanian has State-wide Drug and Therapeutics Committee approval to support 100 patients on combination GLP-1 analogue and insulin. Patients not able to reach target HbA1c on OHAs and GLP-1 analogue alone are listed onto the SDTC list for supported insulin combination treatment. The NP/CDE supports the success of this combination by coordination, initiating GLP-1 analogue, decreasing insulin titration and cessation of OHA's, reviewing how the person is coping and his perspective into interpretation/ narrative of living with a chronic condition. NP/CDE assessment includes information about the client's perceptions/reactions to health and illness, their knowledge, self-help activities and alternative treatment modalities.

Results: Approximately 70% of patients had a sustained reduction of HbA1c over 12 months greater than 1% (28% ≥2%). Weight loss was seen in 70% of cases (ranging 1.3 - 14kg); weight maintenance or up to 1.5kg gain in others. Pre-intervention mean HbA1c was 9.7% (range 7.7-12.9%), post mean 7.7% (range 6.5 – 9.2%). Review of data shows that additional benefits realised by patients are the reduction of hypoglycaemic risk and events. Further, other benefits seen were contextual and reflective to complexity of each case. Notably patients living with multiple morbidities had a diminished progression in other morbidities; such as; resolved chronic bilateral cellulitis.

Conclusion: Use of GLP-1s in combination with insulin therapy may have a place in supporting metabolic profiles. This approach can be supported by NPs/CDEs.

