

Expert Opinion

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Effect of biphasic insulin aspart on glucose and lipid control in patients with Type 2 diabetes mellitus

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Objective: this study examined the efficacy and safety of biphasic insulin aspart 30 (BIAsp 30) monotherapy in insulin-naïve patients with Type 2 diabetes mellitus. **Research design and methods:** in this 12-week, open-labelled, uncontrolled, clinical-experience study involving 71 patients with secondary oral antidiabetic agent failure, patients received BIAsp 30 after discontinuing oral antidiabetic drugs (OADs). Glucose and lipid concentrations, hypoglycaemic episodes and adverse events were assessed before and after treatment. Patient data were categorised according to previous OADs into the biguanides (BI) plus sulfonylureas/meglitinides (SU/MEG) and SU-only groups. **Results:** after treatment, glucose and lipid control was significantly improved in both groups, with a greater improvement in the SU-only group. Mean glycated haemoglobin, fasting blood glucose and postprandial blood glucose excursion improved by $2.15 \pm 1.24\%$, 3.70 ± 3.18 mmol/l and 1.26 ± 2.65 mmol/l in the BI plus SU/MEG group, and by $3.09 \pm 1.62\%$, 6.11 ± 5.02 mmol/l and 2.06 ± 2.33 mmol/l in the SU-only group, respectively. Mean high-density lipoprotein cholesterol and triglycerides improved by 0.09 ± 0.18 mmol/l and 0.94 ± 1.17 mmol/l in the BI plus SU/MEG group and by 0.09 ± 0.18 mmol/l and 1.04 ± 2.72 mmol/l in the SU-only group, respectively. No major hypoglycaemic episodes or serious treatment-related adverse events were reported. **Conclusions:** our study showed that BIAsp 30 treatment safely improved glucose and lipid control in insulin-naïve patients with Type 2 diabetes poorly controlled on BI plus SU/MEG and SU-only. Key limitations were the lack of a comparator group and the short study duration.

Keywords: BIAsp 30, biphasic insulin aspart, Serbia and Montenegro, Type 2 diabetes mellitus

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1. Introduction

Serbia and Montenegro (hereafter Serbia) has only recently started substantial healthcare reforms, placing it almost a decade behind its neighbouring transition countries in Southeastern Europe [1]. During the last decade of the 20th century, the health status of the population in Serbia was influenced by numerous factors, including a wide range of economic and diplomatic sanctions [2]. The latest available data from the Serbian Burden of Disease study for the year 2000 estimated a prevalence of 360,433 cases of diabetes, of which 98% (353,224 cases) were Type 2 diabetes patients [1]. The burden of disease from diabetes mellitus, quantified by disability adjusted life years (DALY) [3], was ranked 5th highest in the Serbian population [2], whereas it was ranked 20th highest on the global level

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