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IDegLira is efficacious across baseline HbA1c categories in subjects with Type 2 diabetes uncontrolled on sulphonylurea, glucagon-like peptide-1 receptor agonist or insulin glargine U100: analyses from completed phase 3b trials

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Aims: Previous analyses of phase 3a trials (DUAL I extension; DUAL II) showed IDegLira (insulin degludec/liraglutide combination) is efficacious irrespective of baseline HbA1c. This analysis aimed to confirm this observation in additional populations with Type 2 diabetes uncontrolled on (i) a glucagon-like peptide-1 receptor agonist (GLP-1RA) (DUAL III: IDegLira vs unchanged GLP-1RA), (ii) sulphonylurea ± metformin (DUAL IV: IDegLira vs placebo) or (iii) insulin glargine (IGlar U100) (DUAL V: IDegLira vs continued IGlar U100 titration).

Methods: DUAL III–V were 26 week, randomised trials. IDegLira starting dose was 10 dose steps (1 dose step = 1 unit IDeg + 0.036mg Lira) in DUAL IV and 16 dose steps in DUAL III and V; maximum IDegLira dose: 50 dose steps. This *post hoc* analysis grouped subjects by baseline HbA1c; ≤7.5, > 7.5–≤8.5 and > 8.5%.

Results: In all trials a higher baseline HbA1c resulted in greater HbA1c reductions. The change in HbA1c was significantly greater ($p < 0.01$) with IDegLira vs comparator in all baseline HbA1c groups with a similar estimated treatment difference (baseline HbA1c ≤7.5, > 7.5–≤8.5 and > 8.5%: -0.74, -1.13, -1.18; -0.91, -1.00, -1.36; -0.48, -0.55, -0.68 for DUAL III, IV and V, respectively). In all trials for all baseline HbA1c groups, IDegLira decreased mean HbA1c to < 7% at end of trial. In DUAL V, the only trial to include patients with HbA1c > 9% (median 9.5%), HbA1c was reduced to 6.9% with IDegLira vs 7.8% with IGlar U100.

Conclusions: Significant HbA1c reductions occur with IDegLira regardless of baseline HbA1c group or study population.

Clinical care and other categories posters: pregnancy

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Impact of treating women with normal OGTT but high HbA1c during gestational diabetes screening

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Preconception folic acid uptake in women with diabetes of childbearing age: findings from the Royal College of General Practitioners Research Surveillance Centre

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Aims: To audit uptake of 5mg prescription folic acid in women with diabetes (WDM) of childbearing age using the Royal College of General Practitioners Research Surveillance Centre (RCGP RSC) dataset, and identify factors influencing uptake to minimise risk of neural tube defects.

Methods: The proportion of non-pregnant WDM, aged 18-45, prescribed 5mg folic acid between January 1st 2015 and 31st December 2015, was identified from the RCGP RSC dataset (data from 128 GP practices across England). Likelihood of prescription was modelled against diabetes type and duration, age, ethnicity, multiple deprivation index, BMI, smoking status and alcohol consumption using binomial logistic regression.

Results: In 3,393 WDM (1,095 type 1, 2,298 type 2), uptake of 5mg folic acid was low (8.2%, n = 279). Uptake was less likely below 25 years of age (OR = 0.44, 95% CI 0.26-0.73, p = 0.002) or above 40 years (OR = 0.52, 95% CI 0.39-0.69, p < 0.001). Uptake was more likely when BMI was above 30 (OR = 1.49, 95% CI 1.06-2.11, p = 0.024), but less likely in those with Type 2 diabetes (OR = 0.64, 95% CI 0.48-0.85, p = 0.002). No other variables were found to significantly alter uptake likelihood.

Conclusions: Only 8% of WDM in the dataset engaged with this aspect of preconception care, known to reduce adverse fetal outcomes in pregnancy. Young women (< 25 years), and those > 40 years, particularly with Type 2 diabetes, are less likely to engage, highlighting the urgent need for targeted preconception counselling.

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Gestational diabetes: targeting services . . . and hitting standards

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Background: Gestational diabetes (GDM) is a common complication of pregnancy that requires prompt management. In February 2016 The National Institute for Health and Care Excellence (NICE) published quality standards (QS5) stating that women diagnosed with GDM should be seen by the diabetes team within one week of diagnosis.Following a short audit of 70 consecutive women, we recognised that this standard was not achieved within our Trust and made plans for improvement.