

One in Seven Insulin-Treated Patients in Developing Countries Reported Poor Persistence With Insulin Therapy: Real World Evidence From the Cross-Sectional International Diabetes Management Practices Study (IDMPS)

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Background

For insulin-treated patients with diabetes, lack of persistence with insulin therapy may cause more severe hyperglycaemia than treatment with suboptimal adherence to dosage or frequency

Aim

Using data from Wave 7 of the IDMPS, we assessed persistence* with insulin therapy and reasons for poor persistence in patients with T1D or T2D in LMICs

METHODS

IDMPS is an ongoing, non-interventional real-world study of clinical profiles and practices amongst patients receiving out-patient care in LMICs capturing 8 waves of data collection (2005–2020)

Wave 7
(2016–2017):

24
Countries

2000
Insulin-treated T1D

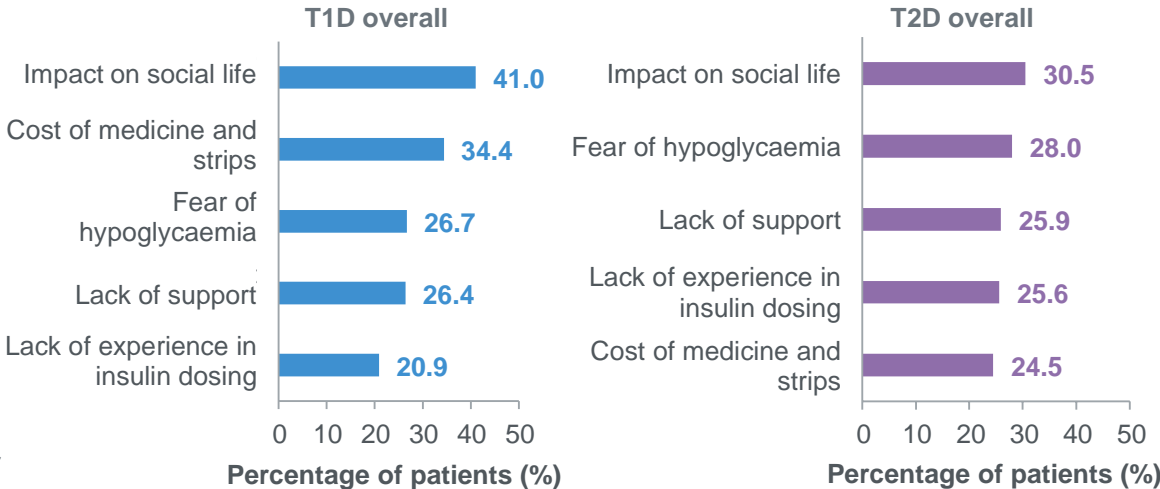
2596
Insulin-treated T2D

620
HCPs

RESULTS

- Non-persistence was reported by 14.0% of T1D and 13.7% of T2D patients
- Median total discontinuation of insulin therapy: 1–2 months
- Poor persistence in people with T1D and T2D was associated with:
 - age <40 years
 - recent diagnosis (T1D: ≤1 year; T2D: >1–≤5 years)
 - low level of education
 - non-possession of a blood glucose meter

Main reasons for discontinuing insulin therapy:



Conclusions

Poor persistence with insulin is common amongst insulin-treated patients with diabetes in developing countries, supporting calls for urgent action to ensure easy access to insulin, tools for SMBG and education.

Footnotes

*Persistence recorded as a 'yes'/'no' response to the following question: "Has the patient ever discontinued insulin therapy in the past?"

Abbreviations

HCP, healthcare professional; LMIC, low- to middle-income-country; IDMPS, International Diabetes Management Practices Study; SMBG, self-monitoring of blood glucose; T1D, type 1 diabetes; T2D, type 2 diabetes