Insulin LY2605541 tops glargine for glycemic control in T1DM

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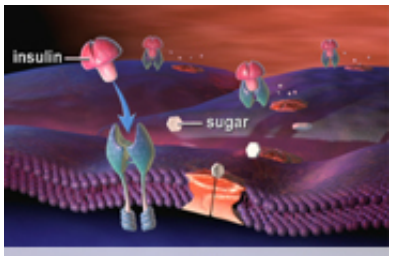

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For patients with type 1 diabetes, the novel, long-acting basal insulin LY2605541 yields greater improvement in glycemic control compared with insulin glargine, according to a study published online Nov. 27 in *Diabetes Care*.

(HealthDay)—For patients with type 1 diabetes, the novel, long-acting basal insulin LY2605541 yields greater improvement in glycemic control compared with insulin glargine, according to a study published online Nov. 27 in *Diabetes Care*.

Julio Rosenstock, M.D., of the Dallas Diabetes and Endocrine Center, and colleagues conducted a randomized, phase 2, open-label, crossover study involving 137 patients with type 1 diabetes who received once-daily basal insulin (LY2605541 or glargine) plus mealtime insulin for eight weeks.

Compared with insulin glargine, the researchers found that LY2605541 met non-inferiority and superiority criteria and correlated with a significant reduction in the mean blood glucose (least squares mean difference, ?9.9 mg/dL). Significant improvements were also noted in fasting blood glucose variability and glycated hemoglobin with LY2605541 versus insulin glargine. There was a decrease in the mealtime insulin dose and in mean weight with LY2605541, and an increase in both with insulin glargine. The rate of nocturnal hypoglycemia was significantly lower with LY2605541, while the incidence of total hypoglycemia was significantly higher. LY2605541 was also associated with more gastrointestinal-related adverse events than insulin glargine (15 versus 4 percent).

"In conclusion, LY2605541 basal insulin therapy for patients with type 1 diabetes has the potential to improve glycemic control, reduce weight, glucose variability, and nocturnal hypoglycemia, and lower prandial insulin requirements," the authors write.

Several authors disclosed financial ties to pharmaceutical companies, including Eli Lilly, which funded the study.

More information: Abstract
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