

Diabetes treatment failure may actually be nonadherence

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"Despite published guidelines, second-line therapy often is initiated without evidence of recommended use of first-line therapy. Apparent treatment failures, which may in fact be attributable to nonadherence to guidelines, are common," the authors write. "Point-of-care and population-level processes are needed to monitor and improve guideline adherence."

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(HealthDay)—Apparent diabetes treatment failures may in fact be attributable to nonadherence, according to a study published online Sept. 15 in *Diabetes Care*.

Yi-Ju Tseng, Ph.D., from Boston Children's Hospital, and colleagues retrospectively analyzed unidentifiable member claims data from 52,544 individuals covered by Aetna who had two physician claims or one hospitalization with a type 2 diabetes diagnosis (2010 to 2015).

The researchers found that of 22,956 patients given second-line treatment, only 8.2 percent had [evidence](#) of recommended use of [metformin](#) in the prior 60 days, and 28.0 percent had no prior claims evidence of having taken metformin. Only 49.5 percent of patients could have had recommended use. An additional second-line antihyperglycemic medication or insulin was more likely in [patients](#) given their initial second-line medication without evidence of recommended use of metformin (P

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