

Elevated HbA1c usually leads to prompt Tx start, intensification

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association with higher HbA1c levels, lower generic drug copayments, and more frequent office visits. Correlations with intensification were seen for better patient adherence before elevated HbA1c level, existing therapy with a second-generation antidiabetic drug, and lower doses of existing therapy. Patient factors explained 7.96 and 7.35 percent of the variation in initiation and intensification, respectively.

"Additional work to examine whether other patient, physician, or practice factors explain more of the variation in antidiabetic treatment patterns should be considered," the authors write.

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More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Most patients are newly initiated on antidiabetic therapy or have antidiabetic therapy intensified within six months of hemoglobin A1c (HbA1c) elevation, according to a study published online May 24 in *Diabetes Care*.

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Lauren G. Gilstrap, M.D., from Harvard Medical School in Boston, and colleagues used data from 2008 to 2015 commercial claims linked with laboratory and pharmacy data to create an initiation cohort with no prior antidiabetic [drug](#) use (9,799 [patients](#)) and an intensification cohort of patients who were on a stable dose of one noninsulin diabetic drug (10,941 patients); both cohorts had HbA1c levels \geq 8 percent.

The researchers found that 63 percent of patients in the initiation cohort received an antidiabetic drug within six months of the elevated HbA1c test; 82 percent of the intensification cohort had their existing antidiabetic [therapy](#) intensified within six months of the elevated HbA1c test. Higher rates of initiation and intensification were seen in

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