

Basal insulin analogues similar for glucose lowering

18 July 2018



Deg-100, Deg-200, and Glar-300 were associated with lower incidence of [nocturnal hypoglycemia](#) than detemir, Glar-100, LY2963016, and neutral protamine lispro (NPL), but the evidence was low- and very-low quality. Only NPL was associated with increased incidence of [severe hypoglycemia](#) versus Deg-100, detemir, Glar-100, and Glar-300.

"Low-quality evidence suggests that basal insulin analogues for T2DM do not substantially differ in their glucose-lowering effect," the authors write.

One author disclosed receiving personal fees from pharmaceutical companies.

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(HealthDay)—Basal insulin analogues for type 2 diabetes mellitus (T2DM) do not substantially differ in their glucose-lowering effect, according to a review published online July 10 in the *Annals of Internal Medicine*.

Anastasia-Vasiliki Madenidou, M.D., from the Aristotle University of Thessaloniki in Greece, and colleagues conducted a systematic literature review to assess the comparative efficacy and safety of basal insulin analogues for adults with T2DM.

The researchers identified a total of 39 eligible trials (26,195 patients). Thrice-weekly degludec (Deg-3TW) was inferior to most other regimens for reducing glycated [hemoglobin levels](#), according to low- to very-low-quality evidence. Detemir had a favorable weight profile versus all comparators based on high- to moderate-quality evidence. Glar-300 was associated with less weight gain than glargine, 100 U/mL (Glar-100); Deg-100; degludec, 200 U/mL (Deg-200); Deg-3TW; and LY2963016.

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