A Retrospective Analysis of Once-daily versus Twice-daily Dosing of Insulin Glargine in Non-critically III Patients Jennifer N. Clements, PharmD, FCCP, FADCES, BCPS, CDCES, BCACP, BC-ADM¹, Desiah Hogue, PharmD²; Adrienne Wright, PharmD² ¹Department of Nursing Administration, Spartanburg Regional Healthcare System, SC; ²Department of Pharmacy, Spartanburg Medical Center, Spartanburg SC

BACKGROUND / PURPOSE

Insulin is the treatment of choice for diabetes in the hospital

There is some debate regarding the efficacy and safety of once-daily versus twice-daily insulin glargine in the hospital.

The purpose of this pilot study was to compare the efficacy and safety of insulin glargine administered as a once-daily versus twice-daily regimen in non-critically ill patients.

METHODS

This study was a retrospective chart review from June 1, 2020, to May 31, 2021.

Inclusion criteria included those who:

- (1) Were at least 18 years old, and
- (2) Received either once-daily (Group 1) or twice-daily (Group 2) insulin glargine for at least 72 hours during the specified time frame.

Exclusion criteria included those who:

- (1) Were COVID-19 positive, or
- (2) Were pregnant, or
- (3) Were prisoners, or
- (4) Were admitted for diabetic ketoacidosis or hyperosmolar hyperglycemic syndrome, or
- (5) Were managed on an intensive care unit at any time, or
- (6) Received steroids or an insulin drip.

The primary endpoint was a comparison of the number of days that all point-of-care blood glucose measurements were within the range of 70 to 180 mg/dL over a 24-hour period (0000-2359).

Secondary endpoints included the number of hypoglycemic (<70 mg/dL) and hyperglycemic (>180 mg/dL) events that occurred in each study group.

Disclosure

Authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.

Acknowledgements

We would like to thank Angie Wilson, MBA, CSSGB, CSSBB for her assistance in the statistical analysis.

A prospective randomized controlled trial would be ideal to confirm the findings and investigate any cost savings of insulin glargine in the noncritically ill population.

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Twice-daily insulin glargine did not demonstrate any benefits over oncedaily insulin glargine in the noncritically ill population.

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	RESULTS			
	Baseline Characteristics	Group 1 (n=101)	Group 2 (n=103)	p-value
	Age (years), mean	63.2	63.6	0.7742
	Male, n (%)	58 (57.4)	49 (47.6)	0.1645
	LOS (days), mean	7.1	6.4	0.0762
	Duration of therapy (days), mean	6.7	6.7	0.7519
	BMI at admission (kg/m ²), mean	33	35.6	0.0142*
	Pre-admission A1C (%), mean	8.7	9.5	0.0220*
	History of diabetes, n (%)	97 (97)	100 (100)	0.2462
	Home insulin use, n (%)	89 (89)	94 (94)	0.3106
	Primary and Secondary Outcomes	Group 1 (n=101)	Group 2 (n=103)	p-value
	Days all POC-BG measurements were 70- 180 mg/dL, mean	1.6	1.8	0.4522
	Hypoglycemic events (BG < 70 mg/dL), mean	0.4	0.3	0.5775
	Hyperglycemic events (BG > 180 mg/dL), mean	6.2	5.1	0.7424
	Exploratory Outcomes	Group 1 (n=101)	Group 2 (n=103)	p-value
	Inpatient daily bolus dose (units), mean	13.2	15.9	0.2181
	Total glargine dose (units), mean	144.8	301.7	<0.0001*
	Daily glargine dose (units), mean	21.7	45.3	-
	Percentage of days all POC-BG measurements were between 70-180 mg/dL (%)	23.3	27	_
	*Statistically significant			