

DAFNE COLLABORATIVE 10 JUNE 2011

BACKGROUND INSULIN REPLACEMENT WORKSHOP

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Aim:

'Implementing the most clinically effective Background Insulin regimen in DAFNE'

Learning Outcomes

- Reflect on the audit data presented earlier in the meeting
- Discuss current practice: reasons and influences
- Discuss barriers to change from once daily to twice daily BI: patient / professional
- Review Michael Berger's regimen and discuss advantages
- Practise using the DAFNE Isophane/Levemir course dose adjustment examples
- Discuss scenarios around changing patients to twice daily BI pre- or post-DAFNE

Summary of Group Work/Flipcharts

- Twice daily NPH (or Detemir) is the default DAFNE basal insulin approach.
- Many patients arrive on the course taking once daily Glargine (and occasionally Detemir), and most centres have adopted a pragmatic approach, with many patients changing the frequency of their basal insulin after a couple of days.
- Concerns were raised that this was 'lost time', as the switch to twice daily basal could be predicted, but others felt that it was helpful to persuade patients of the merits of twice daily basal through the course week.
- Discussion occurred re glycaemic variability, and the potential advantages of basal analogues over NPH, but the group felt that injection sites, injection technique and mixing NPH insulin were important in reducing glycaemic variability.
- There was a widespread acceptance in the group that twice daily basal insulin should be occurring by the start of course week, apart from exceptional circumstances.
- The pre-course DAFNE assessment is a good time to review basal insulin, and the majority agreed that we should be looking to implement twice daily NPH or Detemir either at the assessment or at the start of course week. This would be a change in practice for many centres.
- QIPP includes an assessment of the relative use of NPH and basal analogues (NPH being approximately half the price of basal analogues), and in view of the positive DAFNE audit findings for NPH, there are thus both financial and clinical reasons to support the use of twice daily NPH.

- The financial savings through routine twice daily NPH in the context of DAFNE potentially make DAFNE a 'cost saving programme' (compared to once daily basal analogues and no structured education).
- The group agreed that we should more pro-actively advocate twice daily NPH, for instance stating in DAFNE literature that this is the default basal insulin, unless there are problems with hypoglycaemia attributable to NPH.
- Furthermore, it was suggested that information on changing basal insulin be incorporated in the DAFNE invitation letter.
- Metformin was discussed briefly, and it is used in a small number of centres in patients with Type 1 Diabetes and insulin resistance / metabolic syndrome.
- However, the main theme was running with the evidence base, and more proactively advocating / adopting twice daily NPH in the majority of patients prior to attendance on a DAFNE course week.
- For some centres, this will involve DAFNE Educators re-familiarising themselves with NPH insulins. However, all the commonly used NPH insulins (Human Insulatard / Humulin I / Insuman Basal) are available in modern pen devices.
- Local decisions regarding which NPH insulin to use will involve price comparisons, and also the long-term availability of individual NPH insulins.