

INSULIN PRESCRIPTION ANALYSIS IN A THIRD LEVEL HOSPITAL

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BACKGROUND

Hyperglycemia is very frequent in hospitalized patients increasing the risk of complications, disability and death. An adequate control through the use of insulin is especially important to reduce them. The most recommended administration regimen consists of a basal insulin, a prandial insulin and a scheme correction should replace the monotherapy of insulin with a scheme of correction, since this is ineffective and even entails some risks.

OBJETIVE

To analyze the suitability of prescribing insulin guidelines in patients admitted to a third level hospital based on the recommendations of the Local Society of Endocrinology, Diabetes and Nutrition.

MATERIAL AND METHODS

Descriptive observational cross-sectional study. All non-critical patients diagnosed with Diabetes Mellitus who were or started treatment with insulin (slow action) for 15 days were included.

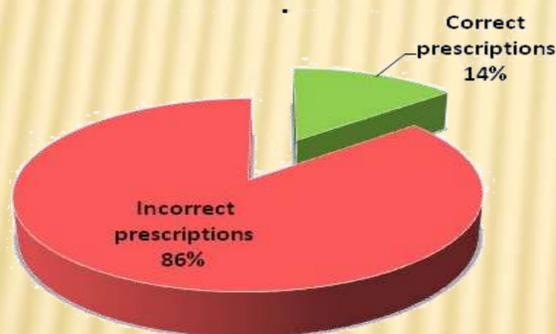
VARIABLES COLLECTED: age, sex, basal insulin dose, bolus dose, bolus correction dose and whether or not they had an oral diet in order to evaluate the adequacy of treatment.

RESULTS

60 patients were included (average age: 74.68 years (42-90)); 56.66% males (N=34) and 43.33% females (N=26). 57 (95%) patients had an oral diet.

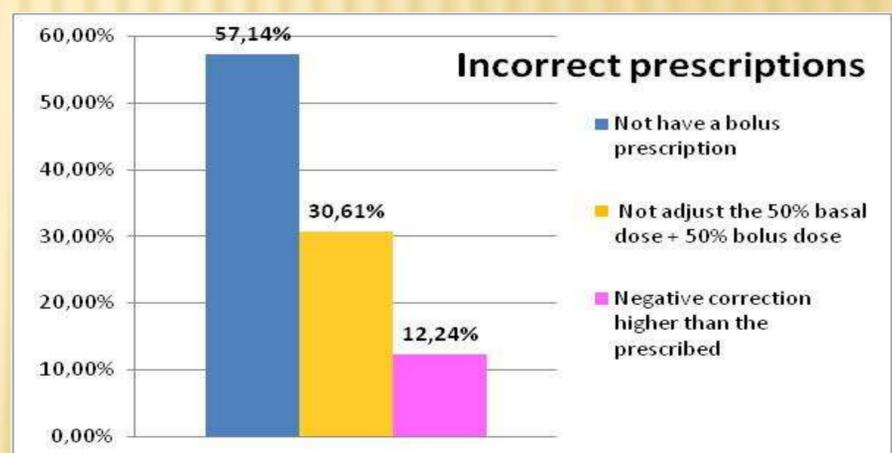
Insulin prescription was:

- 98.33 % (n=59) insulin glargine
- 1.66% (n=1) insulin degludec.



RECOMMENDATIONS OF LOCAL SOCIETY

If oral diet	
50% basal	
50% prandial bolus	30% breakfast 40% lunch 30% dinner
± correction dose	
If not oral diet	
50% basal	
± correction regime	



CONCLUSION/DISCUSSION

According to the results obtained and, although the study has limitations such as the lack of registration of glycemia and the possibility that some patients do not need bolus doses for blood glucose control, mainly, it is clear that there is much to improve.

This work open the way to, as pharmacists, continue deepening the subject and making appropriate interventions.

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A10 - Drugs used in diabetes



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