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BACKGROUND

Diabetes is a chronic pathology of high prevalence and a large number of associated comorbidities that have an impact on patients' quality of life. In the hospital environment, poor insulin adherence may lead to episodes of hyperglycemia or severe hypoglycemia, increasing long-term complications, as well as morbidity and mortality.

PURPOSE

To evaluate the clinical results obtained after the implantation of the insulinization protocol in non-critical patients in our hospital. This protocol recommends the suspension of oral antidiabetic drugs (OADs) at admission, and if blood glucose >150 mg/dl, it is recommended the baseline insulin control along with control of preprandial glycemia by administering rapid-acting insulin.

MATERIALS AND METHODS

On 25 November 2015, a cross-sectional study (submitted to the Ethical Committee for Clinical Research) was carried out. In this study, all patients diagnosed with diabetes who were hospitalized and who had undergone validation of pharmacological treatment were located.

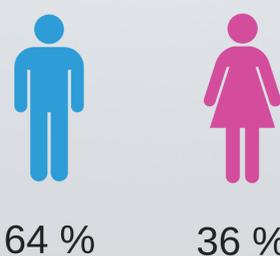
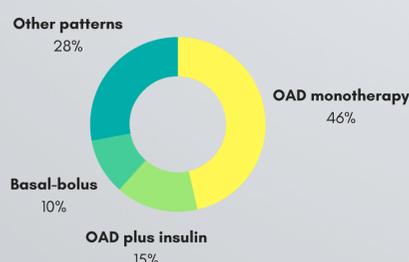
The Electronic Clinical History (SELENE®) and the Pharmacy Service Managing Software (FARMATOOLS®) were used for the location and collection of clinical data.

RESULTS

A total of 132 patients were evaluated. 64% and 36% of them were male and female respectively, with an average age of 69 years (range 29-93) and an average weight of 80 kg at admission. 50% of patients' weight was not registered and this is a vital fact for the evaluation of the patients' nutritional status and the calculation of the dose of insulin.

90% of patients had type 2 diabetes and 3% of them were diagnosed during their hospital admission. 46.4% of patients were treated with OADs in monotherapy, 15.2% with OADs plus insulin and 10.4% under a basal-bolus pattern.

The overall compliance rate of the treatment to the basal-bolus pattern was very low (32%). These results are in line with the rest of studies carried out in hospitalized diabetic patients.



CONCLUSIONS

In spite of getting better glycemic control with the basal-bolus regimen, the adherence to it was low. In the future, the suspension of the OADs or their change to insulin after admission will be a difficult target that we have to reach.