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THE PANORAMA PAN-EUROPEAN SURVEY: HYPOGLYCAEMIA ASSOCIATED WITH DIFFERENT PHARMACOLOGICAL TREATMENTS FOR TYPE 2 DIABETES.

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OBJECTIVES: Hypoglycaemia can be a side effect of glucose-lowering treatment in patients with type 2 diabetes (T2D) that may counterbalance the beneficial effects of diabetes control. PANORAMA is a large (n=5156) pan-European cross-sectional survey (NCT00916513) of patients assessing patient reported outcomes and glycaemic control. This subgroup analysis compared rates of severe and non-severe hypoglycaemic events in patients taking different pharmacological treatment regimens.

METHODS: Patients with T2D were randomly or consecutively selected from medical practices in eight countries. Patients were aged ≥40 years, with T2D diagnosed >1 year and a clinic medical record available >1 year. All patients received dietary/exercise advice and most were also taking either oral antidiabetic drugs (OADs) and/or injectables (insulin and/or GLP-1 receptor agonists). Patients included in this subgroup analysis had been taking the same pharmacological treatment regimen for ≥12 months. Patient-reported frequency of severe (symptomatic episodes requiring external assistance) and non-severe hypoglycaemic episodes in the past year were examined. RESULTS: In this subgroup analysis 3106 patients were evaluated including: 1346 taking only OADs without secretagogues; 1452 taking only OADs including secretagogues (sulphonylurea/glinides) and 308 on insulin alone. The percentages of patients experiencing >1 non-severe hypoglycaemic episode in each treatment group were: 8.9% for patients taking OADs without secretagogues; 17.5% for patients taking OADs including secretagogues and 47.4% for patients using insulin alone. The differences between these three treatment categories (pair-wise comparisons) were highly significant (p<0.001). The percentage of patients reporting ≥1 severe hypoglycaemic episode was greater for OADs including secretagogues versus no secretagogues (3.0% versus 1.3%; p=0.011) and for insulin alone versus OADs including secretagogues (13.7% versus 3.0%; p=0.001). CONCLUSIONS: Among patients with T2D on glucose-lowering medication, rates of non-severe and severe hypoglycaemic episodes were lowest amongst patients treated with OADs not including secretagogues and highest among patients treated with insulin alone.