

## Experience of Tresiba at Guy's and St Thomas' Hospital

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We present our experience of patients using Tresiba at Guy's and St Thomas' Hospital since its launch.

24 patients were treated over 15 months. 18 had type 1, 3 type 2 and 3 pancreatic failure. Mean age was 46 (range 19-75) and duration of diabetes 18 years (1- 48). Tresiba was started for adherence issues and hyperglycaemia in 17 cases; recurrent hypoglycaemia in 6; and to facilitate flexible injection timing for 1. HbA1c at initiation was  $11.1 \pm 2.7\%$  ( $98 \pm 17.5\text{mmol/mol}$ , mean  $\pm$ SD). After a mean of 10 months follow-up, HbA1c was  $11.1 \pm 3.0\%$  ( $98 \pm 21\text{mmol/mol}$ ,  $p=0.98$ ).

Of 5 patients with recurrent admissions with DKA in 12 months prior to Tresiba, 1 experienced reduced frequency (1 every 1.2 months to 1 every 3.4 months), 1 an increase (1 every 3 months to 1 every 1.6 months) and 3 have insufficient follow-up time. 1 patient was admitted with a prolonged, severe hypoglycaemia.

Of 6 patients switched to Tresiba to reduce hypoglycaemia, 3 reported no improvement, 1 an increased frequency of severe hypoglycaemia and 2 an improvement.

Among these 24 patients, there are those who have experienced a reduction in extremes of glycaemia. Conversely, some have seen an increase and for the majority there has been no objective change. The occurrence of a severe, prolonged hypoglycaemia in one patient should serve as a cautionary note on using ultra-long acting insulin in patients at increased risk, e.g. with hypoglycaemia unawareness, social isolation or with alcohol or drug misuse.