Clinical experience with insulin detemir, biphasic insulin aspart and insulin aspart in people with type 2 diabetes: Results from the North India cohort of the A1chieve study

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ABSTRACT

Background: The A1chieve, a multicentric (28 countries), 24-week, non-interventional study evaluated the safety and effectiveness of insulin detemir, biphasic insulin aspart and insulin aspart in people with T2DM (n = 66,726) in routine clinical care across four continents. Materials and Methods: Data was collected at baseline, at 12 weeks and at 24 weeks. This short communication presents the results for patients enrolled from North India. Results: A total of 4912 patients were enrolled in the study. Four different insulin analogue regimens were used in the study. Patients had started on or were switched to biphasic insulin aspart (n = 3619), insulin detemir (n = 880), insulin aspart (n = 331), basal insulin plus insulin aspart (n = 37) and other insulin combinations (n = 44). At baseline glycaemic control was poor for both insulin naïve (mean HbA1c: 9.8%) and insulin user (mean HbA1c: 9.8%) groups. After 24 weeks of treatment, both the study groups showed improvement in HbA1c (insulin naïve: −2.7%, insulin users: −2.6%). SADRs including major hypoglycaemic events or episodes did not occur in any of the study patients. Conclusion: Starting or switching to insulin analogues was associated with improvement in glycaemic control with a low rate of hypoglycaemia.

Key words: A1chieve study, insulin analogues, North India, type 2 diabetes mellitus

INTRODUCTION

62.4 million Indians were reported to have type 2 diabetes mellitus (T2DM) putting India on the forefront of diabetic epidemic across globe.[1,2] Fear of hypoglycaemia and gain in body weight are barriers for initiation of insulin therapy.[3] Modern insulin analogues are a convenient new approach or tool to glycaemic control, associated with low number of hypoglycaemia and favourable weight change.[4] A1chieve, a multinational, 24-week, non-interventional study, assessed the safety and effectiveness of insulin analogues in people with T2DM (n = 66,726) in routine clinical care.[3] This short communication presents the results for patients enrolled from North, India.

MATERIALS AND METHODS

Please refer to editorial titled: The A1chieve study: Mapping the Ibn Battuta trail.

RESULTS

A total of 4912 patients were enrolled in the study. The patient characteristics for the entire cohort divided as insulin-naïve and insulin users is shown in the Table 1. Glycaemic control at baseline was poor in this population. The majority of patients (73.7%) started
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on or switched to biphasic insulin aspart. Other groups were insulin detemir ($n = 880$), insulin aspart ($n = 331$), basal insulin plus insulin aspart ($n = 37$) and other insulin combinations ($n = 44$).

After 24 weeks of treatment, overall hypoglycaemic events reduced from 1.9 events/patient-year to zero events in the insulin naïve group and from 2.9 events/patient-year to 0.2 events/patient-year in insulin users. No hypoglycaemic episode in insulin naïve group at 24 weeks suggests low event rate than insulin users at baseline. SADRs including major hypoglycaemic events did not occur in any of the study patients. Blood pressure decreased while overall lipid profile and quality of life improved at week 24 in the total cohort [Tables 2 and 3].

All parameters of glycaemic control improved from baseline to study end in the total cohort [Table 4].

**Biphasic insulin aspart ± OGLD**

Of the total cohort, 3619 patients started on biphasic insulin aspart ± OGLD, of which 2942 (81.3%) were insulin naïve and 677 (18.7%) were insulin users. After 24 weeks of starting or switching to biphasic insulin aspart, hypoglycaemic events reduced from 1.0 events/patient-year to 0.0 events/patient-year in insulin naïve group and from 2.8 events/patient-year to 0.1 events/patient-year in insulin users. Quality of life improved at 24 weeks [Tables 5 and 6].

All parameters of glycaemic control improved from baseline to study end in those who started on or were switched to biphasic insulin aspart for both insulin naïve and insulin user groups [Table 7].

**Basal + insulin aspart ± OGLD**

Of the total cohort, 37 patients started on basal + insulin aspart ± OGLD, of which 21 (56.8%) were insulin naïve and 16 (43.2%) were insulin users. After 24 weeks of starting or switching to basal + insulin aspart, hypoglycaemic events reduced from 8.1 events/patient-year to 0.0 events/patient-year in insulin naïve group, and from 2.8 events/patient-year to 0.1 events/patient-year in insulin users, while hypoglycaemia remained

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### Table 1: Overall demographic data

| Parameters | Insulin naïve | Insulin users | All |
|-----------|--------------|--------------|-----|
| Number of patients | 4037 | 875 | 4912 |
| Male N (%) | 2477 (61.4) | 603 (69.0) | 3080 (62.7) |
| Female N (%) | 1558 (38.6) | 271 (31.0) | 1829 (37.3) |
| Age (years) | 48.3 | 54.3 | 49.3 |
| Weight (kg) | 67.5 | 71.6 | 68.2 |
| BMI (kg/m²) | 26.4 | 27.0 | 26.5 |
| Duration of DM (years) | 3.4 | 6.6 | 4.0 |
| No therapy | 813 | 813 |
| >2 OGLD | 90 | 29 | 119 |
| HbA1c | 9.8 | 9.8 | 9.8 |
| FPG (mmol/L) | 11.1 | 10.8 | 11.1 |
| PPPG (mmol/L) | 18.1 | 17.8 | 18.1 |
| Macrovascular complications, N (%) | 192 (4.8) | 194 (22.2) | 386 (7.9) |
| Microvascular complications, N (%) | 658 (16.3) | 359 (41.0) | 1017 (20.7) |
| Pre-study therapy, N (%) | | | |
| Insulin users | 875 (17.8) | | |
| OGLD only | 3224 (65.6) | | |
| No therapy | 813 (16.6) | | |
| Baseline therapy, N (%) | | | |
| Insulin detemir±OGLD | 880 (17.9) | | |
| Insulin aspart±OGLD | 331 (6.7) | | |
| Basal+insulin aspart±OGLD | 37 (0.8) | | |
| Biphasic insulin aspart±OGLD | 3619 (73.7) | | |
| Others | 44 (0.9) | | |
| Missing | 1 (0.0) | | |

BMI: Body mass index, OGLD: Oral glucose-lowering drug, HbA1c: Glycated hemoglobin A1c, FPG: Fasting plasma glucose, PPPG: Postprandial plasma glucose, DM: Diabetes mellitus

### Table 2: Overall safety data

| Parameter | N | Baseline | Week 24 | Change from baseline |
|-----------|---|----------|---------|---------------------|
| Hypoglycaemia (insulin naïve), events/patient-year | | | | |
| All | 4037 | 1.2 | 0.0 | −1.2 |
| Nocturnal | | 0.5 | 0.0 | −0.5 |
| Major | | 0.1 | 0.0 | −0.1 |
| Hypoglycaemia (insulin users), events/patient-year | | | | |
| All | 875 | 2.9 | 0.2 | −2.7 |
| Nocturnal | | 1.1 | 0.0 | −1.1 |
| Major | | 0.6 | 0.0 | −0.6 |
| Body weight, kg | | | | |
| Insulin naïve | 3127 | 67.9 | 69.0 | 1.1 |
| Insulin users | 496 | 70.9 | 71.6 | 0.7 |
| BP (insulin naïve) | | | | |
| SBP, mean (mmHg), ($N$, %<130 mmHg) | 1620 | 128.1 (783, 48.3) | 123.6 (623, 65.7) | −4.5 |
| BP (insulin users) | 552 | 131.4 (250, 45.3) | 123.2 (81, 66.4) | −8.2 |
| Quality of life, VAS scale (0-100) | | | | |
| Insulin naïve | 3123 | 52.4 | 79.1 | 26.6 |
| Insulin users | 493 | 52.5 | 73.7 | 21.2 |

BP: Blood pressure, SBP: Systolic blood pressure, VAS: Visual analogue scale
nil in insulin naïve group, similar to baseline. Body weight decreased and quality of life improved after 24 weeks of treatment [Tables 8 and 9].

Mean HbA1c and FPG values improved from baseline to study end in those who started on or were switched to basal + insulin aspart ± OGLDs for both insulin naïve and insulin user groups. PPPG values deteriorated in insulin naïve and insulin user groups [Table 10].

### Table 3: Insulin dose

| Insulin dose, U/day | N | Pre-study | N | Baseline | N | Week 24 |
|---------------------|---|-----------|---|----------|---|---------|
| Insulin naïve       | 0 | 0         | 4036 | 26.6     | 3182 | 26.5    |
| Insulin users       | 875 | 26.9     | 875 | 28.1     | 520 | 29.6    |

### Table 4: Overall efficacy data

| Parameter | N | Baseline | Week 24 | Change from baseline |
|-----------|---|----------|---------|----------------------|
| Glycaemic control (insulin naïve) | 3113 | 9.8 | 7.0 | −2.7 |
| HbA1c, mean (%) | 2994 | 11.1 | 7.2 | −3.9 |
| FPG, mean (mmol/L) | 1859 | 18.1 | 12.8 | −5.3 |
| Glycaemic control (insulin users) | 510 | 9.8 | 7.2 | −2.6 |
| HbA1c, mean (%) | 436 | 10.8 | 6.7 | −4.0 |
| FPG, mean (mmol/L) | 197 | 17.8 | 14.9 | −2.9 |

Achievement of HbA1c <7.0% at week 24

| Insulin naïve (%) of patients | 3157 | 30.8 |
| Insulin users (%) of patients | 515 | 34.4 |

HbA1c: Glycated haemoglobin A1c, FPG: Fasting plasma glucose, PPPG: Postprandial plasma glucose

### Table 5: Biphasic insulin aspart±oral glucose-lowering drug safety data

| Parameter | N | Baseline | Week 24 | Change from baseline |
|-----------|---|----------|---------|----------------------|
| Hypoglycaemia, events/patient-year | 2942 | 1.0 | 0.0 | −1.0 |
| Insulin naïve | 677 | 2.8 | 0.1 | −2.7 |
| Body weight, kg | 2215 | 66.8 | 68.4 | 1.6 |
| Insulin naïve | 381 | 71.3 | 72.1 | 0.8 |

Quality of life, VAS scale (0-100)

| Insulin naïve (%) of patients | 2214 | 52.4 | 78.3 | 25.9 |
| Insulin users (%) of patients | 377 | 52.1 | 73.3 | 21.2 |

VAS: Visual analogue scale

### Table 6: Insulin dose

| Insulin dose, U/day | N | Pre-study | N | Baseline | N | Week 24 |
|---------------------|---|-----------|---|----------|---|---------|
| Insulin naïve       | 0 | 0         | 2942 | 27.1     | 2259 | 27.2    |
| Insulin users       | 677 | 28.1     | 677 | 29.5     | 400 | 31.0    |

### Insulin detemir ± OGLD

Of the total cohort, 880 patients who started on insulin detemir ± OGLD, of which 756 (85.9%) were insulin naïve and 124 (14.1%) were insulin users. After 24 weeks

### Table 7: Biphasic insulin aspart±oral glucose-lowering drug efficacy data

| Parameter | N | Baseline | Week 24 | Change from baseline |
|-----------|---|----------|---------|----------------------|
| Glycaemic control (insulin naïve) | 2208 | 9.7 | 7.1 | −2.6 |
| HbA1c, mean (%) | 2117 | 10.9 | 7.1 | −3.8 |
| FPG, mean (mmol/L) | 1269 | 18.0 | 13.2 | −4.8 |
| Glycaemic control (insulin users) | 392 | 9.6 | 7.2 | −2.5 |
| HbA1c, mean (%) | 330 | 10.7 | 6.6 | −4.1 |
| FPG, mean (mmol/L) | 125 | 17.6 | 15.0 | −2.5 |

HbA1c: Glycated haemoglobin A1c, FPG: Fasting plasma glucose, PPPG: Postprandial plasma glucose

### Table 8: Basal+insulin aspart±oral glucose-lowering drug safety data

| Parameter | N | Baseline | Week 24 | Change from baseline |
|-----------|---|----------|---------|----------------------|
| Hypoglycaemia, events/patient-year | 21 | 0.0 | 0.0 | 0.0 |
| Insulin naïve | 16 | 8.1 | 0.0 | −8.1 |
| Body weight, kg | 14 | 72.7 | 72.4 | −0.3 |
| Insulin naïve | 6 | 68.8 | 67.3 | −1.5 |
| Quality of life, VAS scale (0-100) | 14 | 48.5 | 74.3 | 25.8 |
| Insulin naïve | 7 | 52.6 | 73.4 | 20.9 |

VAS: Visual analogue scale

### Table 9: Insulin dose

| Insulin dose, U/day | N | Pre-study | N | Baseline | N | Week 24 |
|---------------------|---|-----------|---|----------|---|---------|
| Insulin naïve       | 0 | 0         | 21 | 33.5     | 14 | 30.0    |
| Insulin users       | 16 | 31.3      | 16 | 37.4     | 7 | 31.6    |

### Table 10: Basal+insulin aspart±oral glucose-lowering drug efficacy data

| Parameter | N | Baseline | Week 24 | Change from baseline |
|-----------|---|----------|---------|----------------------|
| Glycaemic control (insulin naïve) | 14 | 9.0 | 7.3 | −1.7 |
| HbA1c, mean (%) | 9 | 10.2 | 6.7 | −3.5 |
| FPG, mean (mmol/L) | 2 | 17.2 | 17.6 | 0.5 |
| Glycaemic control (insulin users) | 7 | 8.7 | 7.2 | −1.5 |
| HbA1c, mean (%) | 6 | 10.0 | 6.2 | −3.8 |
| FPG, mean (mmol/L) | 2 | 16.3 | 18.6 | 2.3 |

HbA1c: Glycated haemoglobin A1c, FPG: Fasting plasma glucose, PPPG: Postprandial plasma glucose
of starting or switching to insulin detemir, hypoglycaemic events reduced from 1.7 events/patient-year to 0.0 events/patient-year in insulin naïve group and from 2.4 events/patient-year to 0.4 events/patient-year in insulin users. An improvement in quality of life was observed at the end of the study [Tables 11 and 12].

All parameters of glycaemic control improved from baseline to study end in those who started on or were switched to insulin detemir ± OGLDs for both insulin-naïve and insulin user groups [Table 13].

**Insulin aspart ± OGLD**

Of the total cohort, 331 patients who started on insulin aspart ± OGLD, of which 287 (86.7%) were insulin naïve and 44 (13.3%) were insulin users. After 24 weeks of treatment starting or switching to insulin aspart, hypoglycaemic events reduced to nil for both insulin naïve (1.2 events/patient-year at baseline) and insulin user (4.7 events/patient-year at baseline) groups. Quality of life was improved after 24 weeks [Tables 14 and 15].

All parameters of glycaemic control improved from baseline to study end in those who started on or were switched to insulin aspart ± OGLDs for both insulin naïve and insulin user groups [Table 16].

**CONCLUSION**

Our study reports improved glycaemic control and quality of life following 24 weeks of treatment with any of the insulin analogues (biphasic insulin aspart; insulin detemir; insulin aspart) with or without OGLD. Although HbA1c and FPG values improved in basal + insulin aspart group, deterioration in the PPPG values was observed. SADRs including major hypoglycaemic events or episodes did not

### Table 11: Insulin detemir±oral glucose-lowering drug safety data

| Parameter | N  | Baseline | Week 24 | Change from baseline |
|-----------|----|----------|---------|----------------------|
| Hypoglycaemia, events/patient-year | | | | |
| Insulin naïve | 756 | 1.7 | 0.0 | −1.7 |
| Insulin users | 124 | 2.4 | 0.4 | −2.0 |
| Body weight, kg | | | | |
| Insulin naïve | 626 | 71.6 | 71.4 | −0.2 |
| Insulin users | 69 | 69.3 | 69.5 | 0.2 |
| Quality of life, VAS scale (0-100) | | | | |
| Insulin naïve | 625 | 53.1 | 80.7 | 27.7 |
| Insulin users | 70 | 56.5 | 74.7 | 18.3 |

VAS: Visual analogue scale

### Table 12: Insulin dose

| Insulin dose, U/day | N  | Pre-study | N  | Baseline | N  | Week 24 |
|---------------------|----|-----------|----|----------|----|---------|
| Insulin naïve | 0 | 0 | 756 | 22.7 | 633 | 23.7 |
| Insulin users | 124 | 20.5 | 124 | 17.2 | 72 | 22.2 |

### Table 13: Insulin detemir±oral glucose-lowering drug efficacy data

| Parameter | N  | Baseline | Week 24 | Change from baseline |
|-----------|----|----------|---------|----------------------|
| Glycaemic control (insulin naïve) | | | | |
| HbA1c, mean (%) | 619 | 10.0 | 7.0 | −3.0 |
| FPG, mean (mmol/L) | 615 | 11.5 | 7.3 | −4.2 |
| PPPG, mean (mmol/L) | 409 | 18.3 | 12.1 | −6.2 |
| Glycaemic control (insulin users) | | | | |
| HbA1c, mean (%) | 71 | 10.7 | 7.3 | −3.4 |
| FPG, mean (mmol/L) | 66 | 11.4 | 7.6 | −3.8 |
| PPPG, mean (mmol/L) | 55 | 18.2 | 14.3 | −3.9 |

HbA1c: Glycated haemoglobin A1c, FPG: Fasting plasma glucose, PPPG: Postprandial plasma glucose

### Table 14: Insulin aspart±oral glucose-lowering drug safety data

| Parameter | N  | Baseline | Week 24 | Change from baseline |
|-----------|----|----------|---------|----------------------|
| Hypoglycaemia, events/patient-year | | | | |
| Insulin naïve | 287 | 1.2 | 0.0 | −1.2 |
| Insulin users | 44 | 4.7 | 0.0 | −4.7 |
| Body weight, kg | | | | |
| Insulin naïve | 243 | 72.3 | 69.0 | −3.3 |
| Insulin users | 30 | 72.6 | 71.7 | −0.9 |
| Quality of life, VAS scale (0-100) | | | | |
| Insulin naïve | 240 | 49.9 | 83.0 | 33.0 |
| Insulin users | 29 | 45.1 | 77.5 | 32.4 |

VAS: Visual analogue scale

### Table 15: Insulin dose

| Insulin dose, U/day | N  | Pre-study | N  | Baseline | N  | Week 24 |
|---------------------|----|-----------|----|----------|----|---------|
| Insulin naïve | 0 | 0.0 | 242 | 28.1 | 209 | 24.0 |
| Insulin users | 91 | 28.7 | 91 | 28.8 | 77 | 25.3 |

### Table 16: Insulin aspart±oral glucose-lowering drug efficacy data

| Parameter | N  | Baseline | Week 24 | Change from baseline |
|-----------|----|----------|---------|----------------------|
| Glycaemic control (insulin naïve) | | | | |
| HbA1c, mean (%) | 244 | 10.1 | 6.9 | −3.2 |
| FPG, mean (mmol/L) | 223 | 12.1 | 7.4 | −4.7 |
| PPPG, mean (mmol/L) | 152 | 18.4 | 10.8 | −7.6 |
| Glycaemic control (insulin users) | | | | |
| HbA1c, mean (%) | 30 | 9.7 | 7.1 | −2.7 |
| FPG, mean (mmol/L) | 25 | 10.9 | 6.3 | −4.6 |
| PPPG, mean (mmol/L) | 6 | 19.7 | 11.2 | −8.5 |

HbA1c: Glycated haemoglobin A1c, FPG: Fasting plasma glucose, PPPG: Postprandial plasma glucose
occur in any of the study patients. Overall, an increase in body weight was noted for both insulin naïve and user groups. Though the findings are limited by number of patients, still the trend indicates that insulin analogues can be considered effective and possess a safe profile for treating type 2 diabetes in North India.

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Cite this article as: Kumar S, Zargar AH, Singhal S, Shetty R, Ganie MA, Bajaj S. Clinical experience with insulin detemir, biphasic insulin aspart and insulin aspart in people with type 2 diabetes: Results from the North India cohort of the Achieve study. Indian J Endocr Metab 2013;17:S491-5.

Source of Support: Nil, Conflict of Interest: None declared.