Impact of Clinical Inertia: How Can Advanced Insulin Treatments Help Prevent Clinical Inertia?

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Definition of Clinical Inertia and Contributing Factors From the Primary Care Physicians’ Perspective

- Definition: Clinical inertia is the lack of treatment intensification in a patient not at evidence-based goals for care.
- Factors contributing to clinical inertia:
  - Complexity of disease
  - Time constraints
  - Structural issues
    - Clinicians: increased familiarity with treatment options is needed
    - Patients: disease education is needed (e.g. chronic, progressive nature of T2D necessitates treatment intensification)
  - Economic factors
    - Pressure on clinicians to adhere to guidelines
  - Other factors
    - Hypoglycaemia, weight gain, glucose monitoring


T2D, type 2 diabetes.
Additional Factors to Consider From the Diabetes Specialists’ Perspective

• Diabetes specialists often become involved after clinical inertia has already led to problems.

• It is important to define target glycaemic control for an individual patient from the beginning.

• Specialists should utilize all possible treatment options to achieve and maintain glycaemic control while reducing the risk of hypoglycaemia.

• Overcoming clinical inertia is only possible if primary care physicians and specialists work together.
Delayed Insulin Initiation

• In the SOLVE study of > 17,000 patients with T2D in 10 countries:
  – Mean HbA1c at the time of insulin initiation: 8.9%
  – Proportion of patients with HbA1c ≥ 9.0%: 40.9%
• Could earlier treatment intensification prevent complications?

HbA1c, glycated haemoglobin A1c.

Fixed-Dose Basal Insulin–GLP-1 RA Combination Therapies

• Regimen complexity contributes to clinical inertia\(^1,^2\)
  – Fixed-dose combination products combine 2 therapies in a single injection
  – This may improve patient adherence and acceptance of therapy

• Basal insulin and GLP-1 RAs have complementary effects\(^3,^4\)
  – Basal insulins reduce fasting plasma glucose but increase the risk of weight gain and hypoglycaemia
  – GLP-1 RAs may help mitigate insulin-related weight gain and hypoglycaemia while reducing postprandial glucose

• Combination products provide better results due to complementary effects of the 2 agents
  – Added advantage of requiring only a single injection

GLP-1 RA, glucagon-like peptide-1 receptor agonist.

Potential Roles of Combination Products in Treatment Intensification

- Oral medication(s) → GLP-1 RA → Fixed-dose basal insulin–GLP-1 RA combination
- Oral medication(s) → Basal insulin → Fixed-dose basal insulin–GLP-1 RA combination
- Oral medication(s) → Fixed-dose basal insulin–GLP-1 RA combination
Clinical Inertia in T2D

• Every 1-year delay with suboptimal glycaemic control (HbA1c ≥ 7.0%) increases the risk of:¹
  – Myocardial infarction by 67%
  – Stroke by 51%
  – Heart failure by 64%

• Early achievement and maintenance of glycaemic control may reduce the risk of microvascular complications²–⁵ and, possibly, cardiovascular risk⁶,⁷