SUCCESS OF EDUCATIONAL INTERVENTIONS ON USE OF INCRETIN AGENTS IN THE MANAGEMENT OF TYPE 2 DIABETES

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*Potential conflict of interest may exist. Refer to the abstract.

INTRODUCTION

Despite recommendations of the importance of glucose control in the treatment of Type 2 Diabetes Mellitus (T2D), 40–60% of patients with T2D do not achieve control goals. Many reasons have been proposed to explain the failure to achieve glycemic goals in patients with T2D. In recent years, incretin-based agents have been recommended as part of the management of T2D in combination with diet and exercise. The incretin-based agents include DPP-4 inhibitors and GLP-1 receptor agonists, and diabetes guidelines recommend their use in patients with T2D who cannot achieve control goals with diet and exercise alone and/ or sulfonylureas. In a recent study from the Endocrine Society and Medscape (2013, 2014), research continues to show that only around 10% of patients with T2D use incretin-based agents, which is well below the recommended 40% target. The effects of incretin-based agents include improved glycemic control, reductions in body weight, and reduction in the risk of hypoglycemia. The goal of this study was to assess the effectiveness of a clinical intervention to improve the use of incretin-related agents in patients with T2D in the United States and outside the United States (2013, 2014).

METHODS

The study is a randomized controlled trial (RCT) study.

Participants: 200 primary care physicians (PCPs) were recruited from the United States and abroad to participate in the study. The PCPs were divided into two groups: Group 1 consisted of US PCPs and Group 2 consisted of OUS PCPs. The inclusion criteria for PCPs were as follows: (a) board-certified in family medicine, internal medicine, or general practice, (b) never participated in the study, and (c) agreed to participate in the study.

Intervention: The intervention consisted of a 6-month educational program. The educational program consisted of a series of vignettes and case studies designed to assess the knowledge and use of incretin-related agents in patients with T2D. The educational program was developed based on a survey of PCPs. The educational program was designed to improve the knowledge and use of incretin-related agents in patients with T2D. The educational program was evaluated using a pre- and post-assessment survey. The pre- and post-assessment surveys were developed using a multiple choice survey format. The educational program was evaluated using a pre- and post-assessment survey. The pre- and post-assessment surveys were developed using a multiple choice survey format.

Outcome Measures: The primary outcome measure was the improvement in the use of incretin-related agents in patients with T2D. The secondary outcome measures were the improvement in the knowledge of incretin-related agents, the improvement in the use of incretin-related agents in patients with T2D, and the improvement in the use of incretin-related agents in patients with T2D in the United States and outside the United States.

RESULTS

A total of 200 PCPs (100 US and 100 OUS) were included in the assessment (Table 1). The participants in the intervention group were presented with a series of vignettes and case studies designed to assess the knowledge and use of incretin-related agents in patients with T2D. The participants in the intervention group were presented with a series of vignettes and case studies designed to assess the knowledge and use of incretin-related agents in patients with T2D. The participants in the intervention group were presented with a series of vignettes and case studies designed to assess the knowledge and use of incretin-related agents in patients with T2D. The participants in the intervention group were presented with a series of vignettes and case studies designed to assess the knowledge and use of incretin-related agents in patients with T2D. The participants in the intervention group were presented with a series of vignettes and case studies designed to assess the knowledge and use of incretin-related agents in patients with T2D. The participants in the intervention group were presented with a series of vignettes and case studies designed to assess the knowledge and use of incretin-related agents in patients with T2D.

When the analysis involved the comparison of responses on an aggregate level to maintain study participant confidentiality, effect sizes were large at 1.08 for US PCPs (56% non-overlap) and 0.72 for OUS PCPs (17% non-overlap). As of April 11, 2014, a total of 62 PCPs have participated in this study. Based on the aggregate-level outcomes, it was not surprising to see an average of 200 patients per year who would consider for non-increment therapy over 60,000 patients who would benefit from improved incretin-related care.

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CONCLUSION

The study demonstrated that a targeted educational intervention can improve the knowledge of incretin-related agents, and practice of use of incretin-related agents in patients with T2D. The study also showed that the educational intervention can improve the use of incretin-related agents in patients with T2D in the United States and outside the United States. The study also showed that the educational intervention can improve the use of incretin-related agents in patients with T2D in the United States and outside the United States. The study also showed that the educational intervention can improve the use of incretin-related agents in patients with T2D in the United States and outside the United States. The study also showed that the educational intervention can improve the use of incretin-related agents in patients with T2D in the United States and outside the United States.

SOURCE OF SUPPORT

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