TYPE 2 DIABETES IN UKRAINE: CLINICAL GUIDELINES AND PRACTICAL REALITY

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According to international statistics, the World Health Organization (WHO), the National Health Systems, professional associations and the International Diabetes Federation (IDF Diabetes Atlas) type 2 diabetes is one of the most widespread endocrine diseases all around the world (382 million patients in 2013) and in European countries (52.8 million patients, the average prevalence is 8.1%). WHO further projects diabetes will become the seventh leading cause of death in 2030.

According to the Center of Medical Statistics of the Ministry of Health of Ukraine as at 01.01.2014 has been registered more than 1.3-million patients with diabetes (9% of the adult population aged 18 and older), among them – 90% of patients with type 2 diabetes. Constantly progressive increase in number of people with type 2 diabetes, gives reason to call this disease «Noninfectious epidemic of the 21st century». A modern therapeutic strategy of treatment of diabetes has been directed at the most effective prevention of progression of the disease and its complications and achievement of the maximum disease control. For this purpose in EU countries decision on creation of an integrated registry of patients with diabetes was taken in March 2012. This registry includes data collection, monitoring, complications and costs of treating patients with diabetes. The project was named EUBIROD (European Best Information through Regional Outcomes in Diabetes). The Ministry of Health of Ukraine has planned to begin creating an integrated Ukrainian registry of patients with diabetes already in the 2015. Ratification of «Unified Clinical Protocol of primary and secondary (specialized) medical care «Type 2 diabetes» has become one of the most significant steps in the unification of medical care for patients with type 2 diabetes in Ukraine (Order of the Ministry of Health of Ukraine № 1118, 21 December 2012).

Estimate of conformance of drug therapy in patients with type 2 diabetes to recommendations of «Unified Clinical Protocol» was the purpose of this study.

Materials and Methods. The practical part of this study was conducted in collaboration with Scientific and Practical Medical Center of Kharkiv National Medical University «University Hospital» (Department of metabolic disorders). Retrospective analysis of 83 medical histories of patients with type 2 diabetes (primary clinical diagnosis) was made by us. All patients were hospitalized in the department of metabolic disorders in January – March 2015.

Results. 7 groups of oral hypoglycemic drugs (OHGD) have been registered and used in Ukraine. All of them have been presented in «Unified Clinical Protocol». These are sulfonylurea derivatives, biguanides, thiazolidinediones, meglitinides, inhibitors α – glucosidase, glucagon-like peptide-1 (GLP-1) agonist – incretin mimetics, DPP-4 inhibitors. A new group of OHGD has been registered in Ukraine not long ago (in late 2013). They are called oral sodium glucose cotransporter type 2 (SGLT2) inhibitors. This group is not included in the «Unified Clinical Protocol» in the absence of substantial evidence base and is a second-line therapy.

Listed below results have been gotten after the analysis of medical histories. Patients with type 2 diabetes of moderate severity (75%) and severe (25%) were treated with OHGD and insulin preparations that are registered in «Unified Clinical Protocol».

The drug from the group of sulfonylurea derivatives Glimepiride was administered most often – in 45%. Glimepiride was administered as monotherapy (in 10%) or in combination with Metformin (in 33%) and only 2% in the form of fixed combination (Tripride – Glimepiride, Pioglitazone, Metformin). Gliclazide is second in frequency of prescribing (20%). Gliclazide was administered as monotherapy (in 3%) or in combination with a Saxagliptin, Vildagliptin, Sitagliptin (in 2%), in combination with Metformin (in 15%). Glibenclamide was administered as a fixed combination with Metformin (Glibomet, Glukovance, Glibofor) in 5%. DPP-4 inhibitors was administered in 13%, in which connection drugs of this group were administered as monotherapy in 4% (Saxagliptin, Vildagliptin, Sitagliptin) or in form of fixed combination with Metformin (Janumet, Galvus Met, Kombiglyze). Dapagliflozin (SGLT2 inhibitors) as second-line monotherapy was administered in 1.2%. Insulin therapy was administered in 15.8% due to severe type 2 diabetes as a combination with Glimepiride, Metformin and in a fixed combination (Glibomet, Kombiglyze).

Conclusions. According to international recommendations Metformin and/or DPP-4 inhibitors are first-line drugs in the initial therapy, as in the debut of type 2diabetes, and at any stage. In prescription of two drugs preference should be given to benefit of fixed combinations. On the Ukrainian pharmaceutical market, such combinations have been presented in sufficient quantities. A combination of several drugs in one dosage form significantly simplifies the use of the drug regime and leads to increase of compliance of the patient to therapy and allows support long-term glycemic control, preventing the progression of diabetes and development of complications. Another important factor is reduction of cost of treatment. All this eventually will lead to an improvement of the life quality of patients with type 2 diabetes.