

Clinical observation of the transition from short-term intensive insulin therapy to IDegLira combined with metformin in Chinese patients with type 2 diabetes mellitus

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The safety and efficacy of transitioning from short-term intensive insulin therapy to a regimen of insulin degludec/liraglutide (IDegLira) combined with metformin in type 2 diabetes mellitus patients is evaluated in the present study. Conducted at Shenzhen Luohu Hospital Group, the study involved 81 patients who switched from continuous subcutaneous insulin infusion to IDegLira and metformin after four days. Results showed significant improvements: insulin doses decreased from 40.28 to 14.79 IU, HbA1c levels fell from 9.94% to 7.67%, and body weight slightly reduced. The transition also enhanced glycemic control, with reduced mean glucose and variation, and increased time in range.

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with significant hyperglycemic symptoms, as well as for previously diagnosed patients whose HbA1c remains $\geq 9\%$ on oral hypoglycemic agents or $\geq 7\%$ on insulin therapy, short-term intensive insulin therapy (SIIT) is recommended. SIIT, which includes multiple daily injections or continuous subcutaneous insulin infusion (CSII)^{3,4}, can rapidly mitigate glucotoxicity, thereby promoting β -cell function recovery and enhancing insulin sensitivity in target organs⁵⁻⁷.

Following the resolution of glucotoxicity, an appropriate step-down therapy is crucial for long-term glycemic control, as well as cardiovascular and renal benefits in T2DM patients. This choice should be individualized based on factors such as patient age, disease duration, glycemic characteristics, β -cell function, diabetes complications and comorbidities. Among the options, a combining therapy...