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EFFECTS OF AN OUTPATIENT BASAL INSULIN SELF-TITRATION FORM ON GLYCEMIC CONTROL (B1), Radford Henriques, Ryan Gates. Kern Medical Center, Bakersfield, CA (henriquir@kernmedctr.com) IRB Approval received.

Two out of three type 2 diabetic patients will suffer from some type of macrovascular complication including stroke, myocardial infarction and coronary artery disease, if consistently uncontrolled. Insulin therapy continues to be the most effective drug treatment in blood sugar control. Once insulin is initiated in patients, dose titration must actively be implemented to achieve appropriate glycemic control. Kern Medical Center's (KMC) Diabetes Clinic serves hundreds of patients each year, many of whom are on insulin therapy. Currently there is no gold standard at KMC to titrate the insulin dose of diabetic patients on the outpatient basis. This prospective study is designed to determine the effectiveness of implementing a basal insulin dose titration form by measuring, baseline and 3 month follow up, hemoglobin A1c, fasting blood sugar, and microalbumin-creatinine ratio. These results will be compared against patients who did not use the basal insulin dose titration form. The basal insulin dose titration form was created for the long acting "peakless" insulin analogs, glargine and levemir, requiring patients to increase their basal insulin dose by two units each night until their fasting blood sugar is within goal. Other endpoints and labs assessed include liver function tests, serum creatinine, hypoglycemic episodes, cardiovascular events and death. Final results and conclusions will be presented.