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Abstract :Improved glycaemic control is possible with the use of multiple injections of premixed insulin. These are expensive, and not available in state hospitals. To study the cost, patient acceptance and efficacy of a patient mixed and administered combination of soluble and lente (biphasic) insulin administered twice a day. Patients A cohort of 25 patients with poor glycaemic control on a single dose of 100 units or more of lente insulin. 25 patients matched for age and glycaemic control were used as a control. Setting The diabetic clinic of the National Hospital Sri Lanka. A prospective study of a cohort of patients. Mean fasting blood glucose decreased from 8.3 mmol/l (SD 3.1) to 6.9 mmol/l (SD 2.3,  $p < 0.01$ ) and mean blood glucose levels declined from 12.3 mmol/l (SD 4.1) to 10.1 mmol/l (SD 4.7,  $p < 0.01$ ) in the biphasic group. Total mean insulin dose fell from 80 units (SD 12) to 61 units (SD 11) in the biphasic group, but increased in the control group from 82 units (SD 16) to 91 units (SD 13.1). The diabetes well-being score in the biphasic group was 91.5 (SD 35.3), while the control group had a score of 63.7 (SD 21.3  $p < 0.01$ ). Mean glycosylated haemoglobin (HbA<sub>1c</sub> %) was 8.1 (SD 2.7) in the biphasic group compared to 9.2 (SD 3.3) in the control group. Patient mixed and administered biphasic insulin on a twice daily basis is feasible, acceptable to patients, results in better glycaemic control and affords better patient satisfaction.