

새로나온 인슐린을 이용한 치료의 실제

성균관대의대 삼성창원 병원
배지철

Progress of insulin

1. 동물(소, 돼지) 추출 인슐린 → 합성 인간 인슐린 → 유전자 재조합 insulin analogue
2. 인슐린 작용시간의 조정
 작용시간의 연장
 작용시간의 단축

Progress of insulin

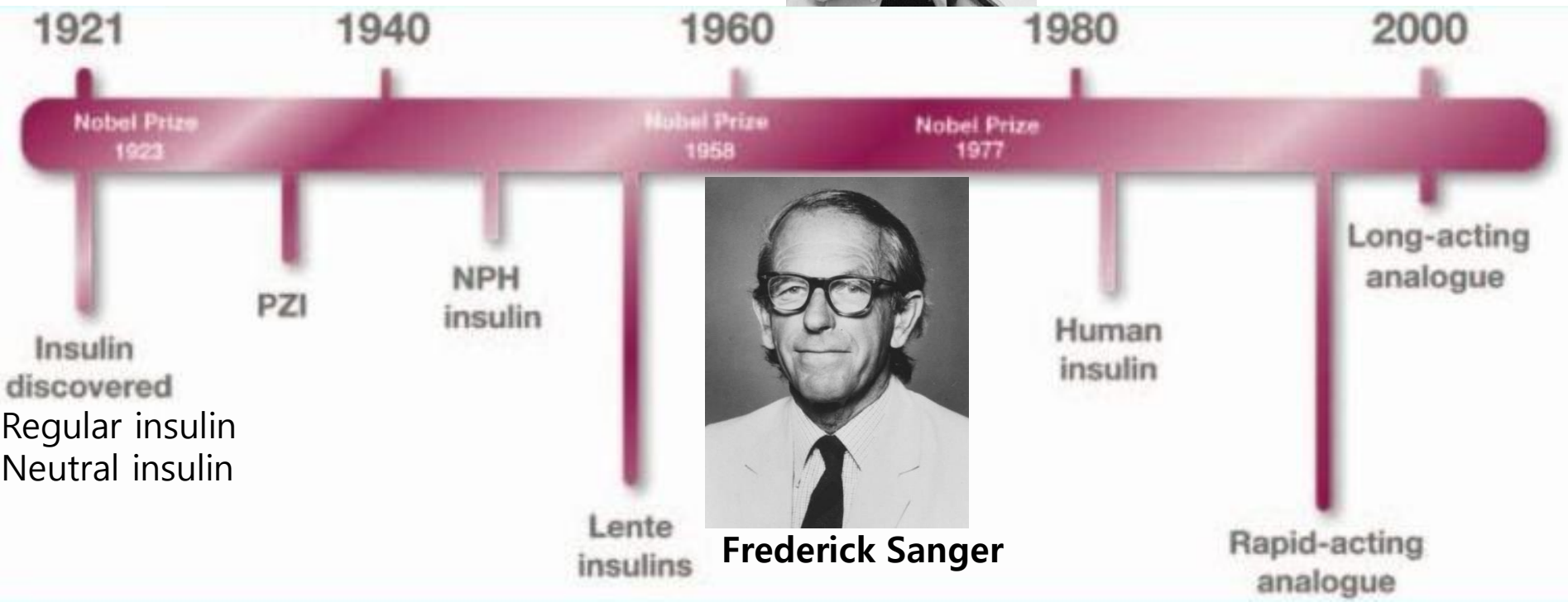


Banting, Best

Eli Lilly
Nordisk

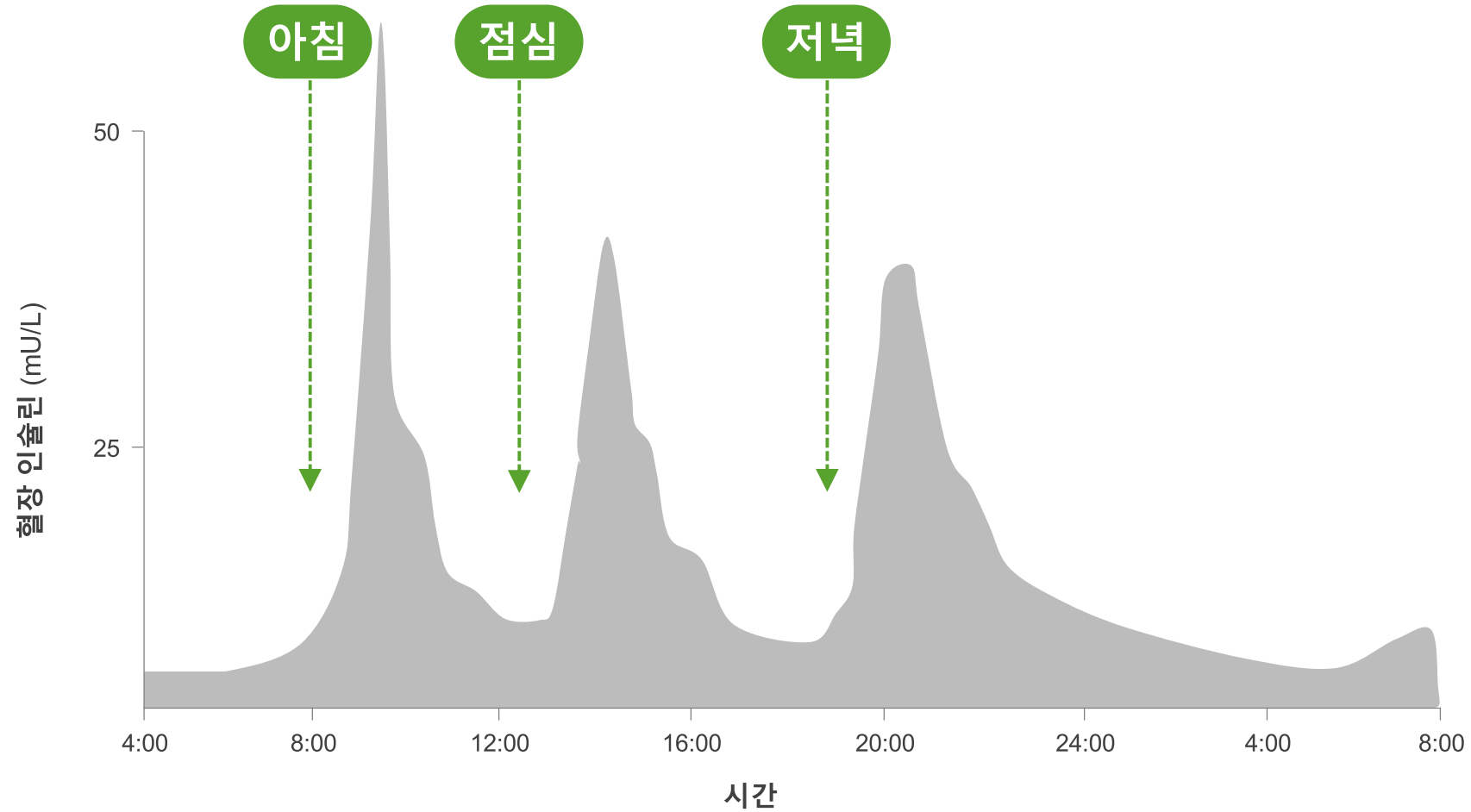


Rosalyn Yalow
Radioimmunoassay
(RIA) for insulin level

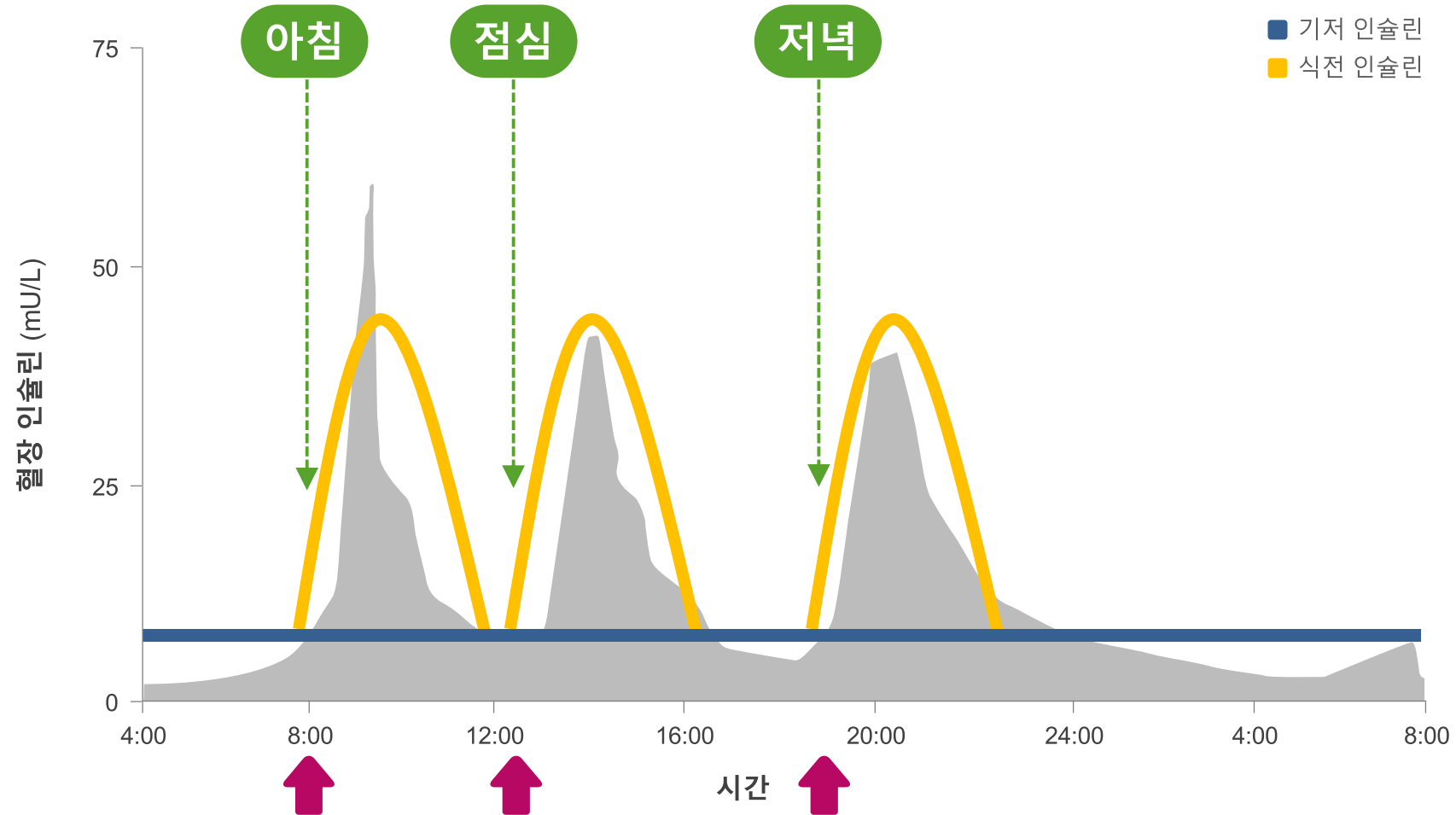


- 1. Amino acid sequence of bovine insulin
- 2. DNA sequencing

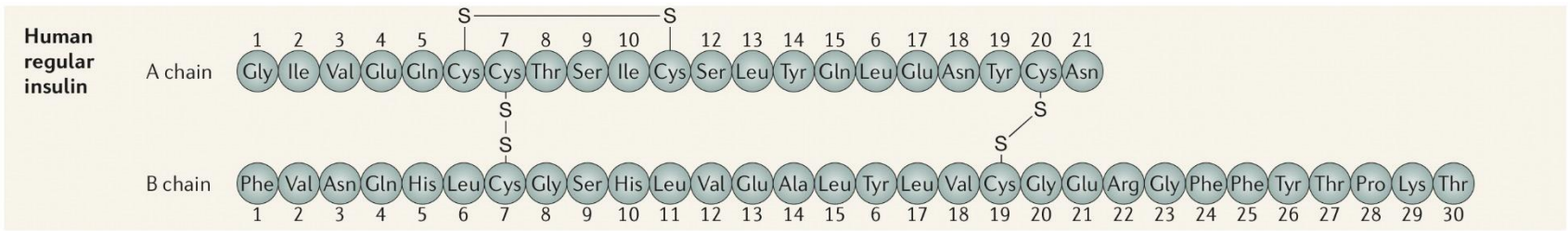
정상인의 인슐린 분비



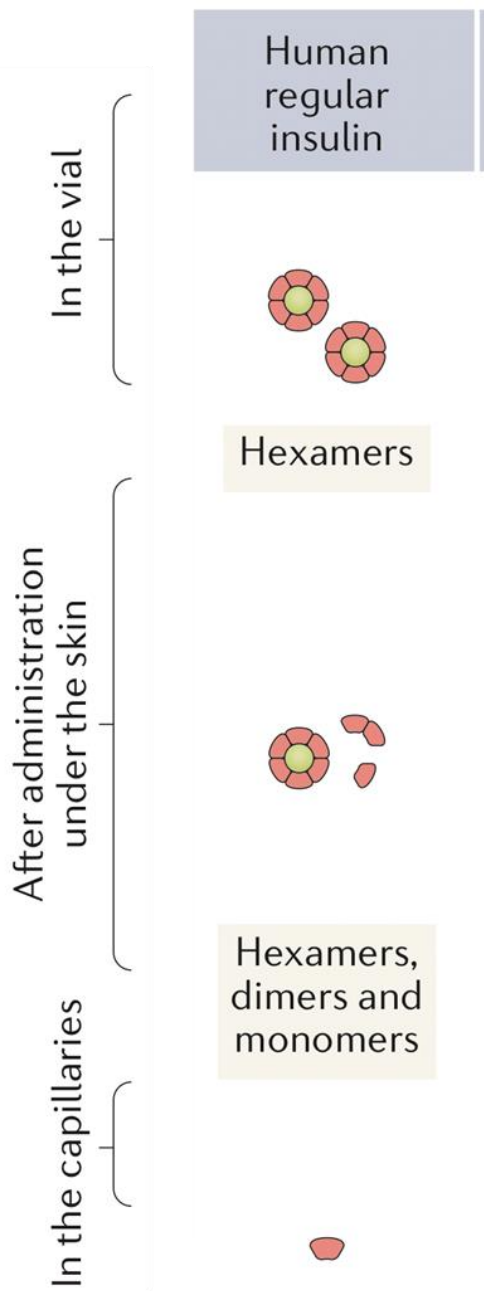
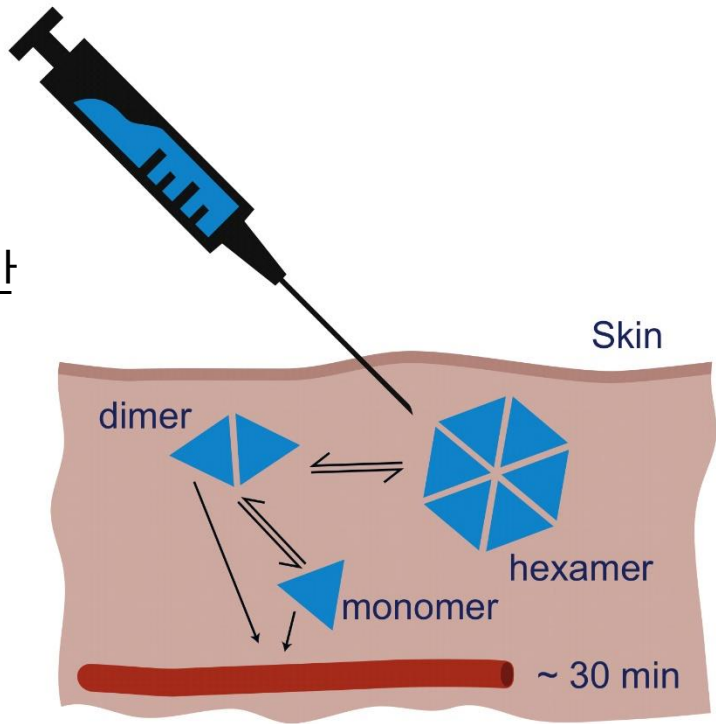
이상적인 인슐린 요법



Huuman regular insulin



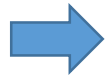
Peak effect: 2-4시간
Duration action: 5~8시간



Senior, P. and I. Hramiak (2019). "Fast-Acting Insulin Aspart and the Need for New Mealtime Insulin Analogues in Adults With T1 and T2D" Can J Diabetes.

Mathieu, C., et al. (2017). "Insulin analogues in type 1 diabetes mellitus: getting better all the time." Nat Rev Endocrinol 13(7): 385-399.

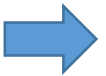
Regular insulin



NPH

Insulin glargine
Insulin detemir

Insulin degludec
Glargin U300



Insulin aspart
Insulin glurigin
Insulin lispro

Rapid acting-insulin
aspart



NPH/RI
70/30
50/50

Insulin protamine aspart/aspart
Insulin protamine lispro/lispro
70/30, 75/25, 50/50

Insulin degludec/
insulin aspart
70/30

Progress of long-acting basal insulin

NPH

First generation basal insulin

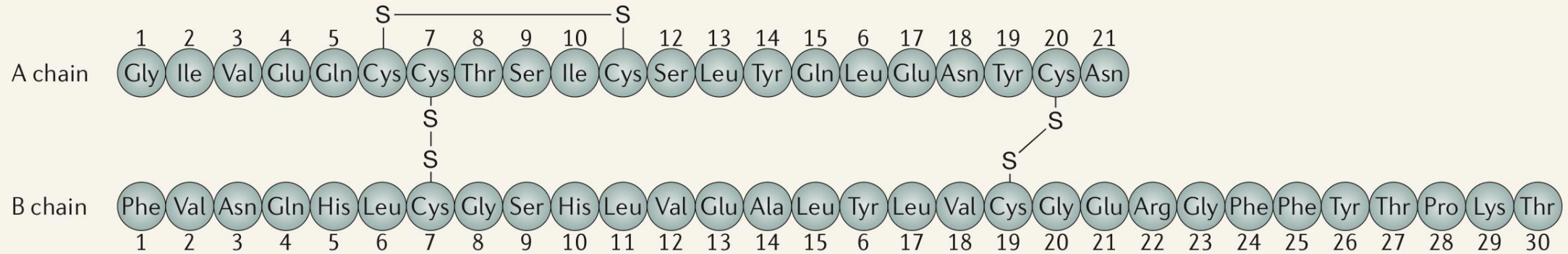
Insulin glargine
Insulin detemir

Second generation basal insulin

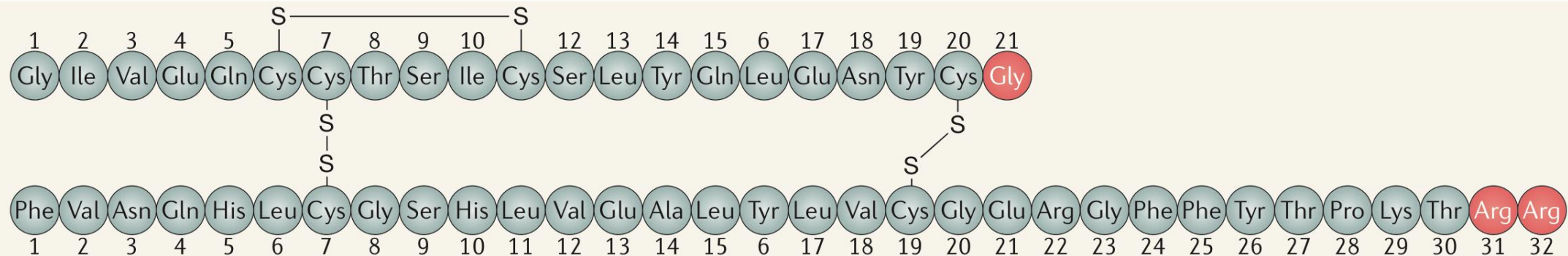
Insulin degludec
Glargin U300

Amino acid structure of long-acting analogues

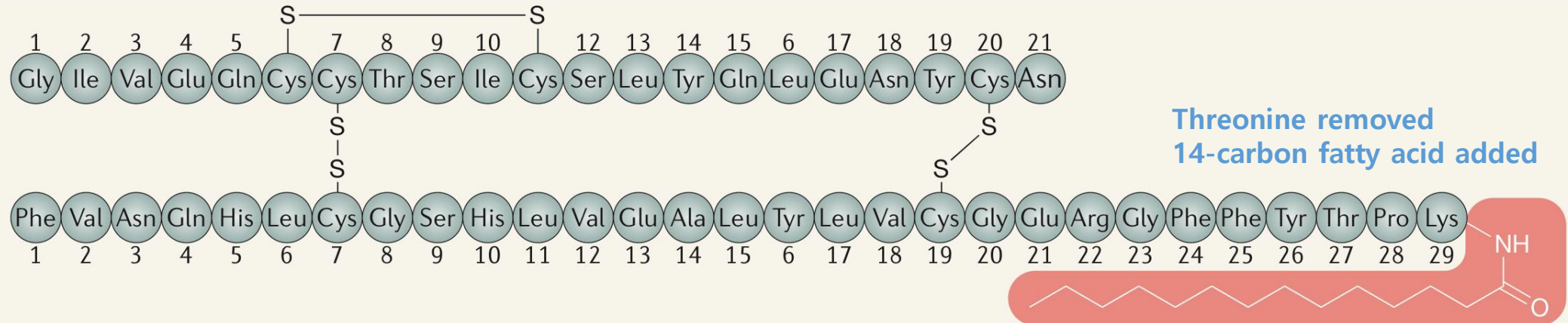
NPH insulin



Insulin glargine

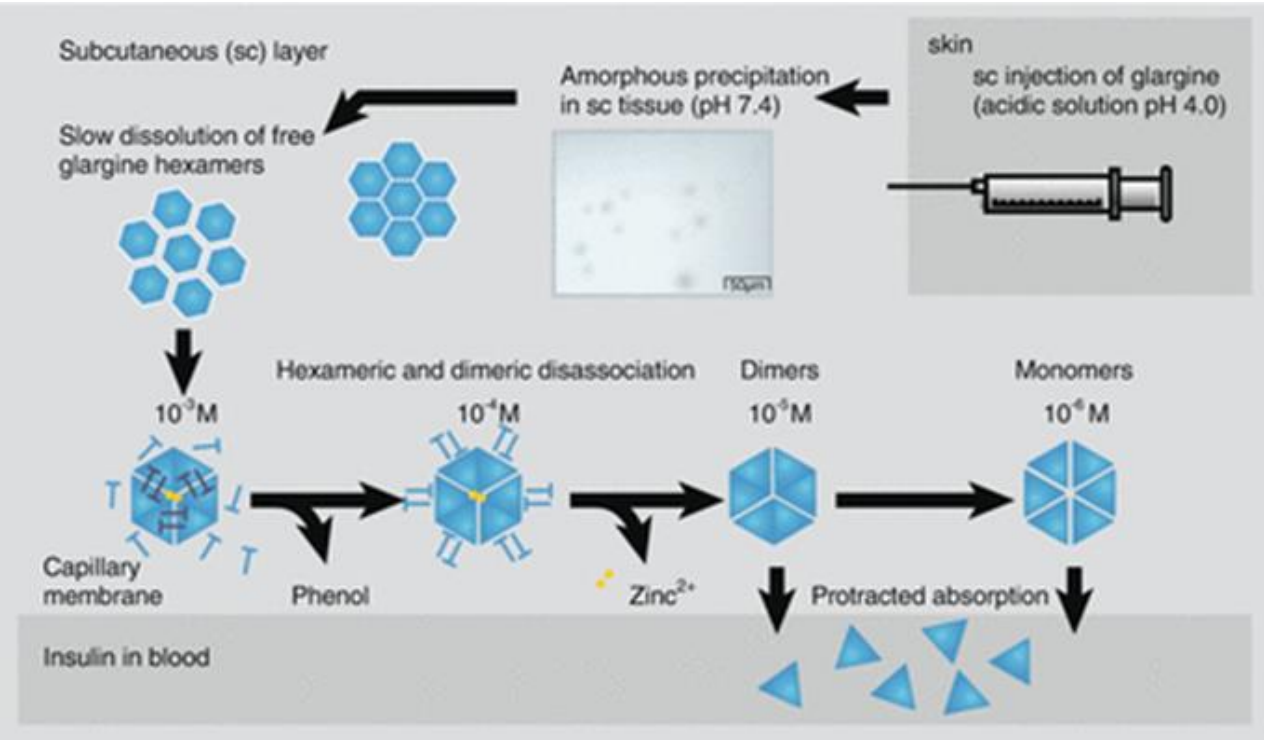


Insulin detemir



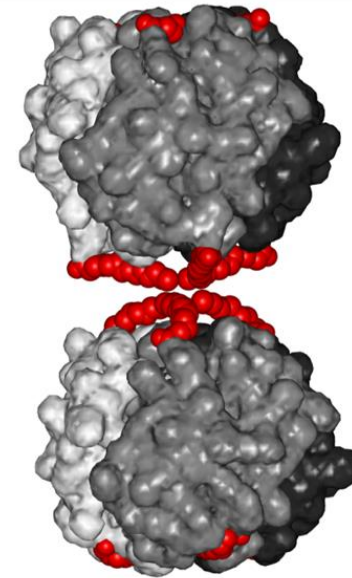
Mode of action: protraction principles

Insulin glargin

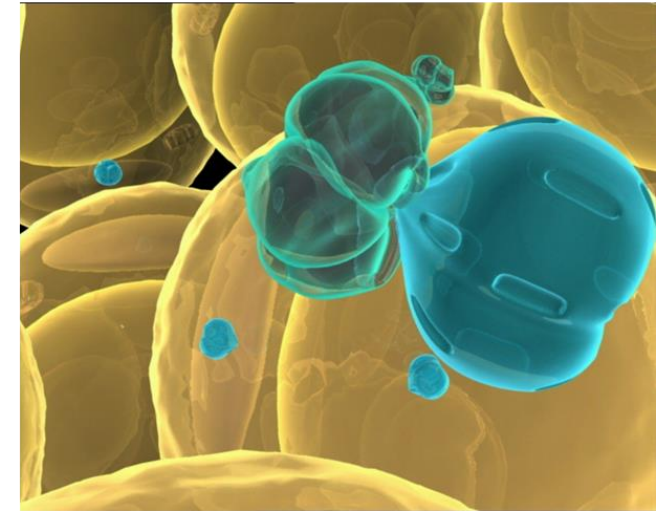


Insulin detemir

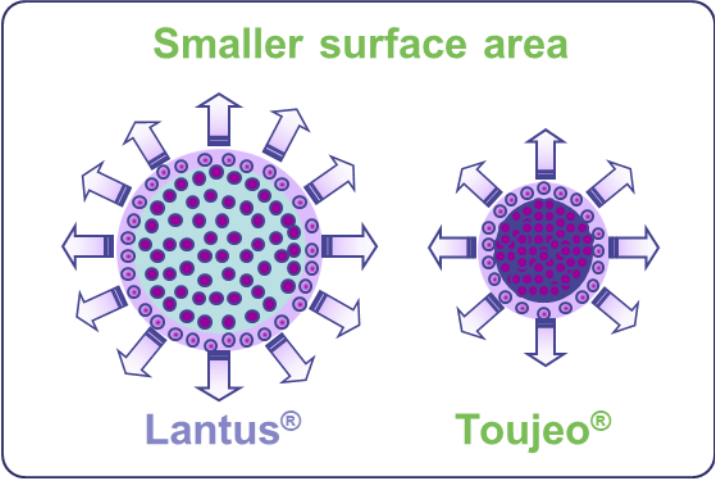
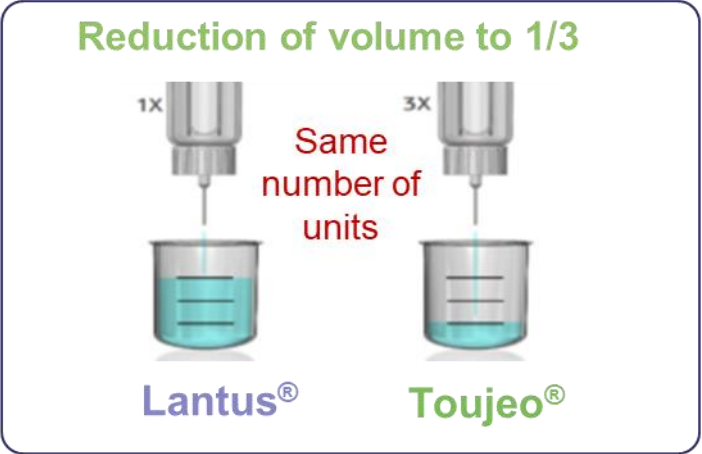
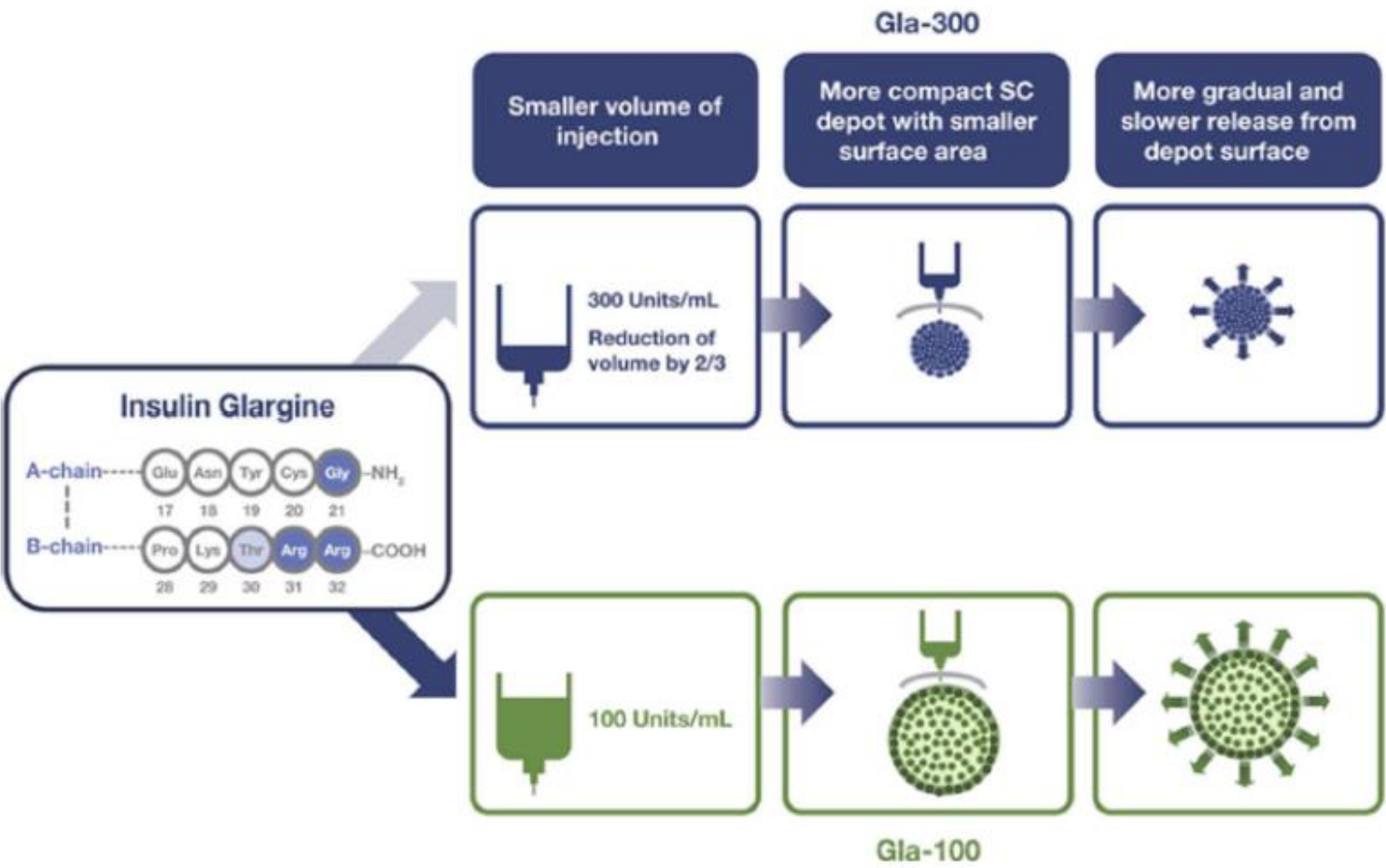
Protraction principle I: di-hexamerisation



Protraction principle II: binding to albumin



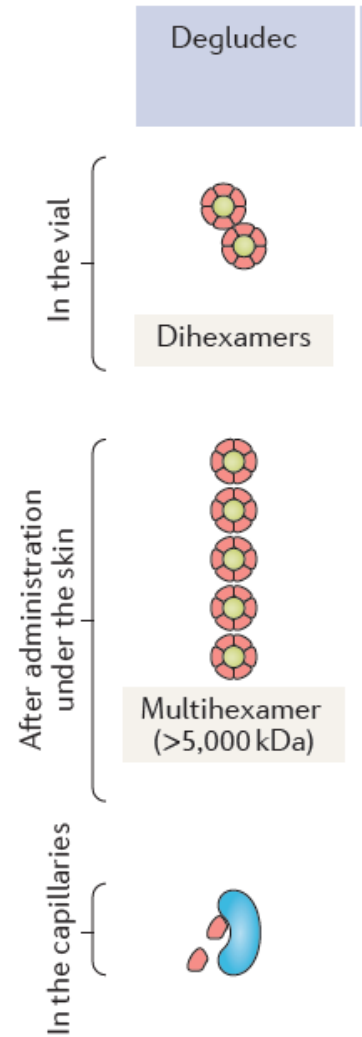
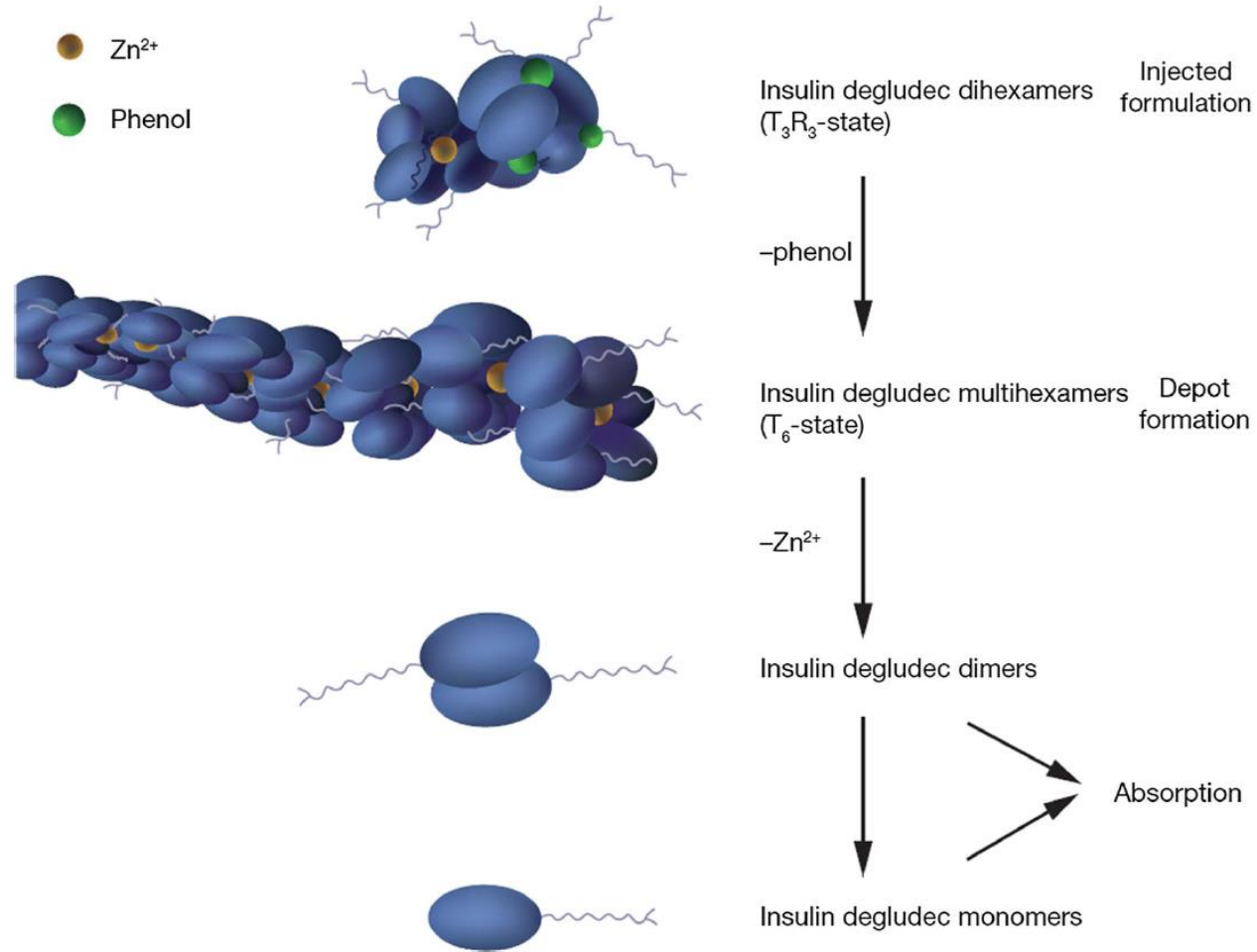
Compact depot formation with Gla-300 results in more gradual insulin release as compared with Gla-100



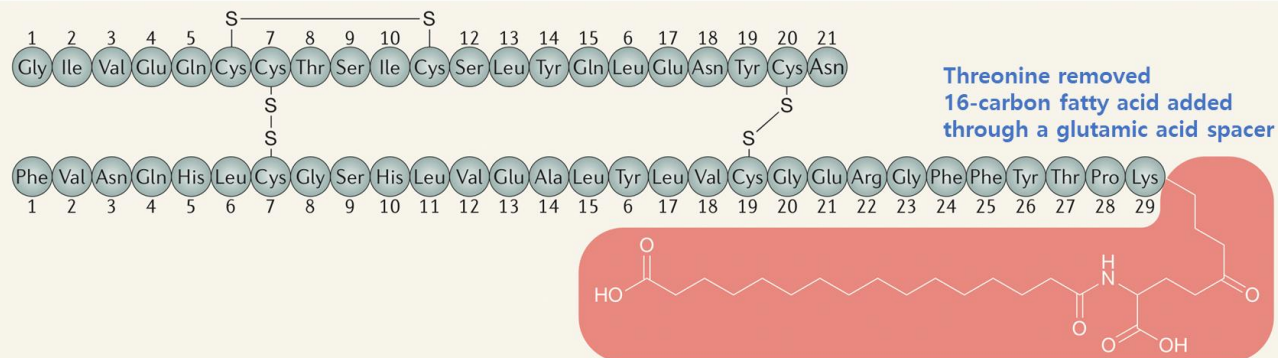
Adv Ther (2019) 36:1018–1030

Mathieu, C, et al. (2017). "Insulin analogues in type 1 diabetes mellitus: getting better all the time." Nat Rev Endocrinol 13(7): 385-399.

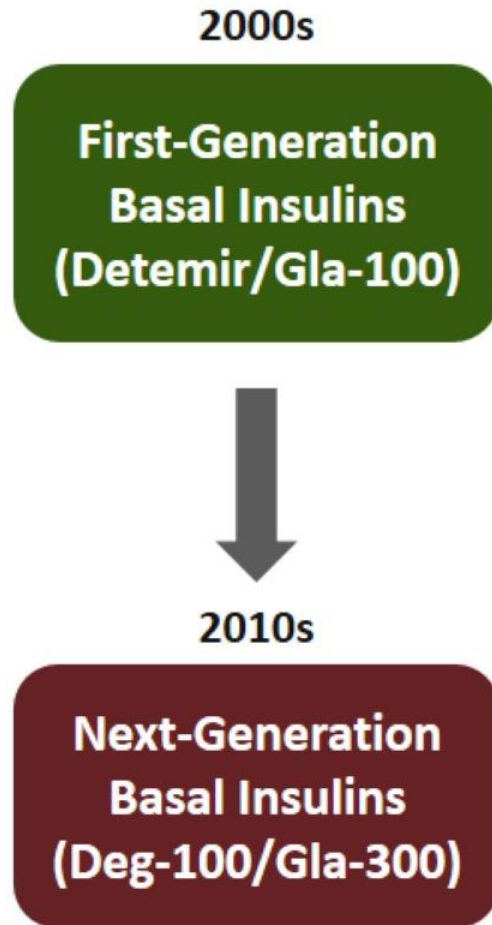
Mode of protraction of insulin degludec



Insulin degludec



First-generation 인슐린 대비 Second-generation basal insulin 의 특징



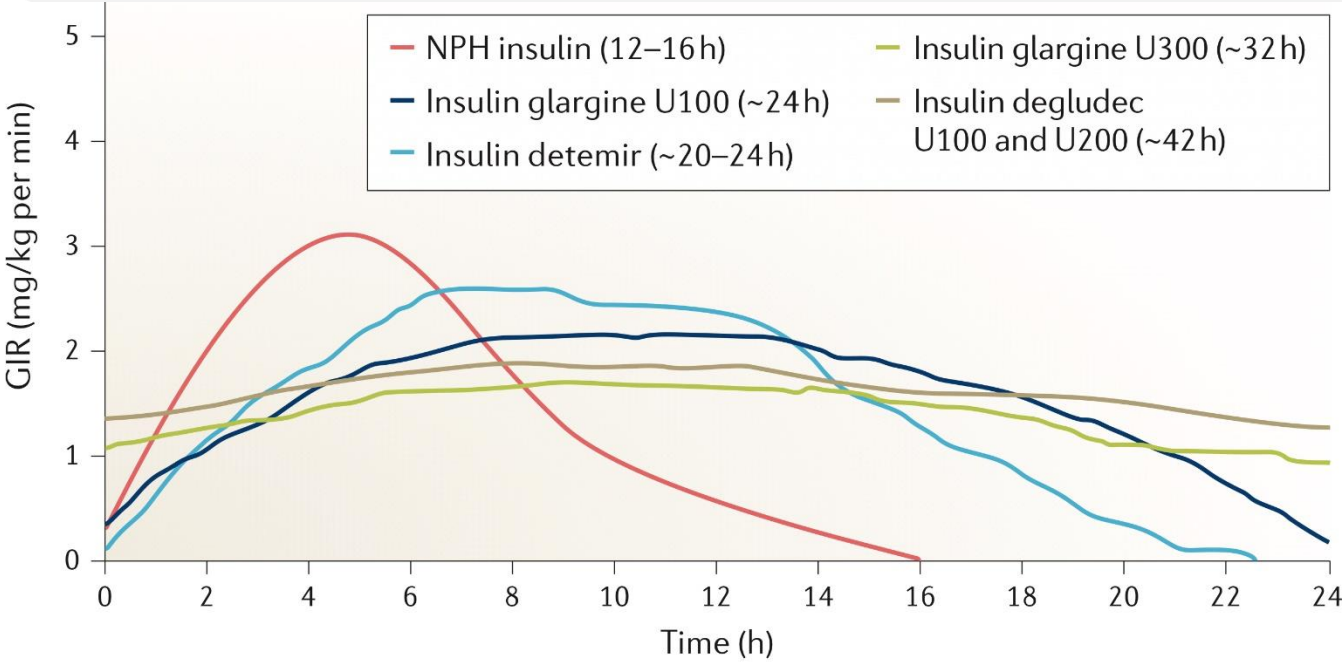
How next-generation basal insulins compare^[a-c]

- Equally effective in lowering HbA1c
- Longer duration of action: ≥ 24 hours coverage
- Even flatter action profile - less variability
- Safer - lower risk for hypoglycemia, especially nocturnal

a. Borgoño, CA, et al. *Endocrin Metab Clin North Am.* 2012;41:1-24; b. Hermansen K, et al. *Diabetes Obes Metab.* 2007;9:209-217; c. Owens DR, et al. *Diabetes Metab Res Rev.* 2014;30:104-119.

Pharmacodynamic action profiles of long-acting insulins

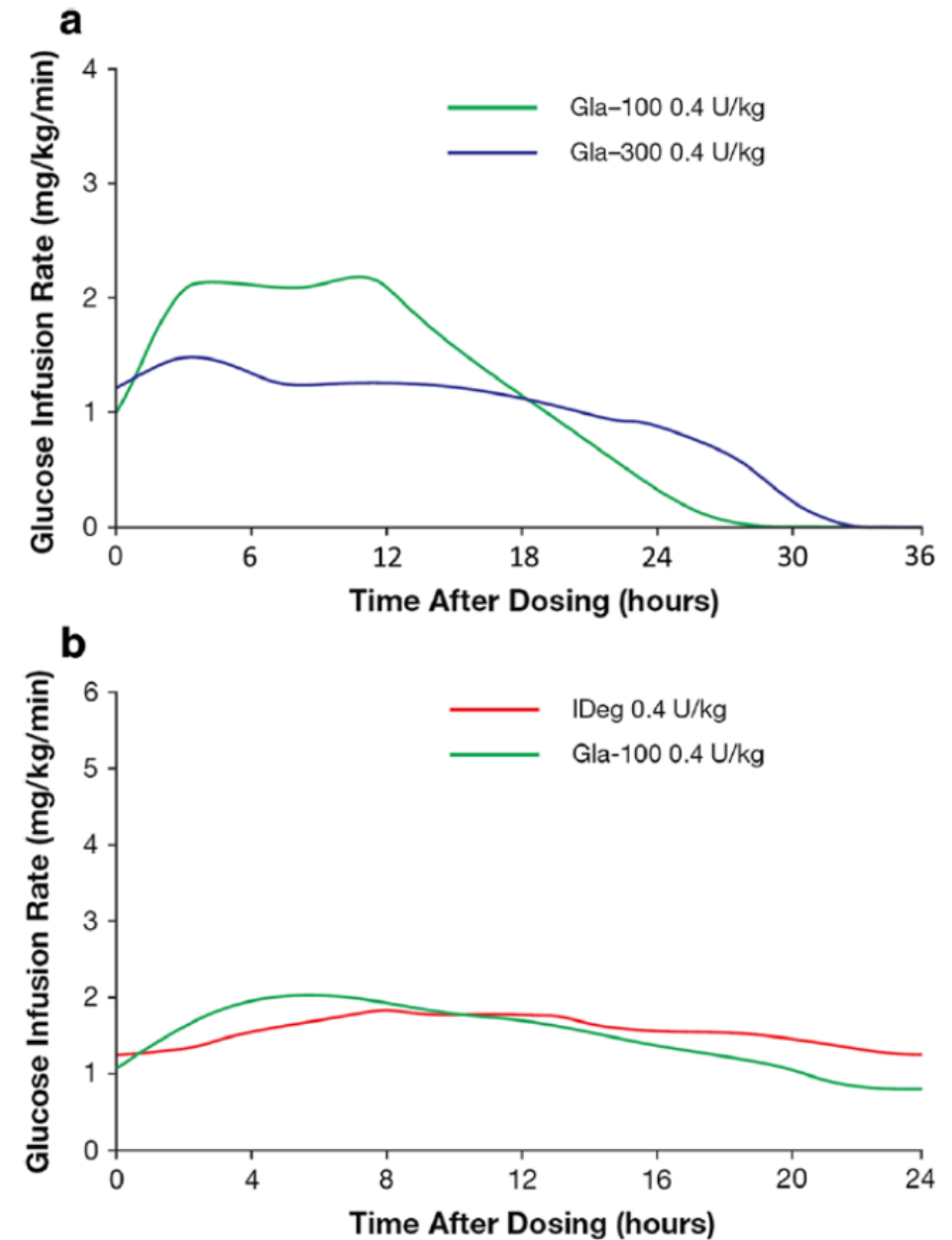
인슐린 종류 (상품명)	작용 시작	최고 작용	작용 시간
기저인슐린			
장시간형 기저인슐린 (투명)			
인슐린 디터머 (Levemir)	90분	없음	24 시간
인슐린 글라르진 (Lantus, Basaglar)			24 시간
인슐린 글라-300 (Toujeo)	6시간		36시간 이상
인슐린 데글루덱 (Tresiba)	60-90 분		42시간 이상
중간형 인슐린 휴물린 N (혼탁)	1-3시간	5-8 시간	18 시간까지



Mathieu, C., et al. (2017). "Insulin analogues in type 1 diabetes mellitus: getting better all the time." Nat Rev Endocrinol 13(7): 385-399.

Glucose infusion rate profile of Gla-300 and IDeg compared with Gla-100

When compared with Gla-100, Gla-300 and Insulin degludec are associated with a flatter and more consistent glucose-lowering effect, with more evenly distributed PK/PD profiles



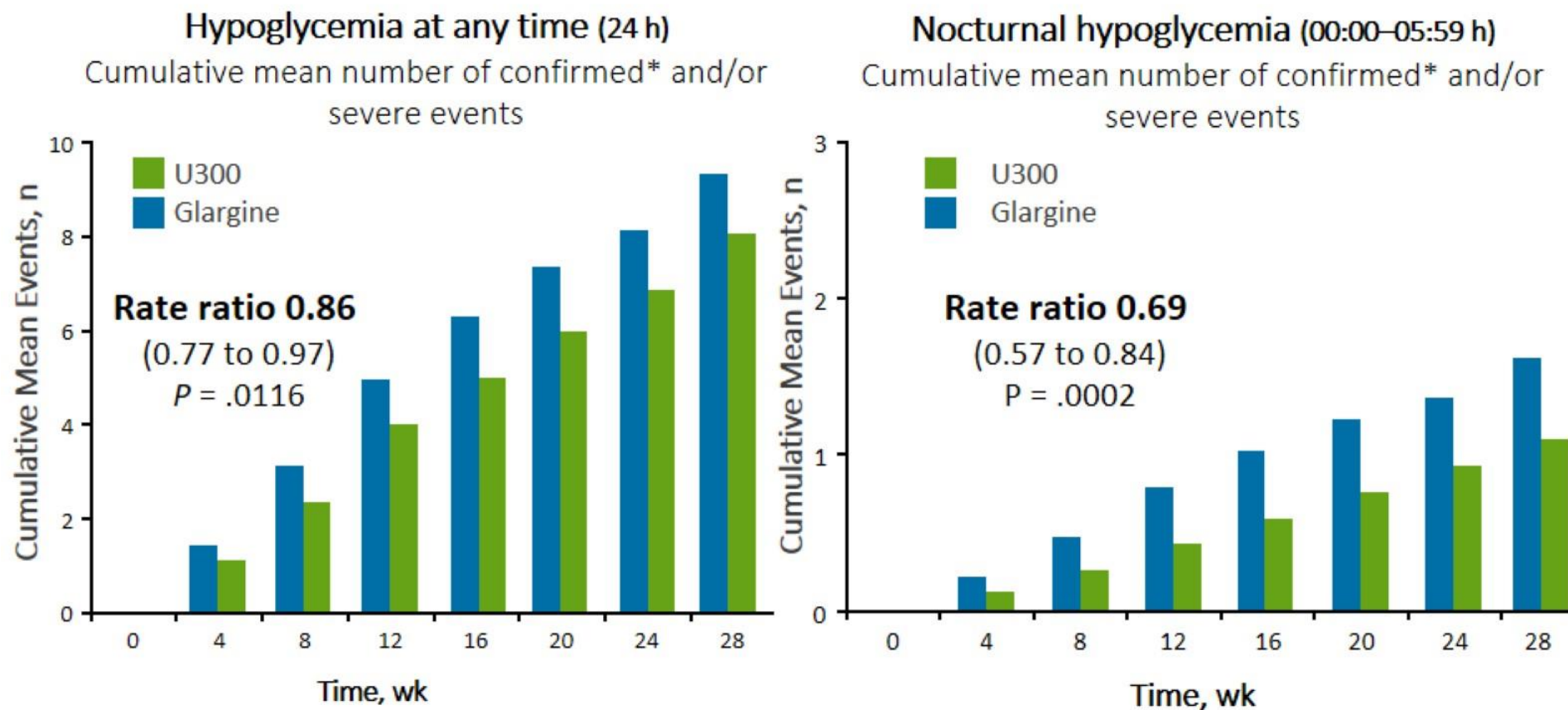
EDITION T2DM Trials Meta-Analysis: Glargine U300 vs Glargine U100

	EDITION 1	EDITION 2	EDITION 3
Population	Basal-Bolus	OAD + >42 units BI	OAD
N	807	811	878
HbA1c (primary outcome)	NS	NS	NS
U300 Insulin dose	≈10% higher	≈10% higher	≈15% higher

같은 혈당 목표에 도달하기 위해서는 인슐린 글라진 대비 10~15% 정도 더 많은 U300의 용량이 필요하였다

EDITION T2DM Trials Meta-Analysis:

Lower Confirmed/Severe and Nocturnal Hypoglycemia With Glargine U300 vs U100



*Confirmed events based on plasma glucose ≤ 70 mg/dL (3.9 mmol/L)
Ritzel R, et al. *Diabetes Obes Metabol*. 2015;17:859-867.

Degludec vs Glargine U100: BEGIN Trials

Meta-Analysis of Patients With T2DM on High Doses of Insulin

HbA1c was reduced by the same extent with insulin degludec and glargine U100

Lower Rates of Hypoglycemia With Degludec

21%

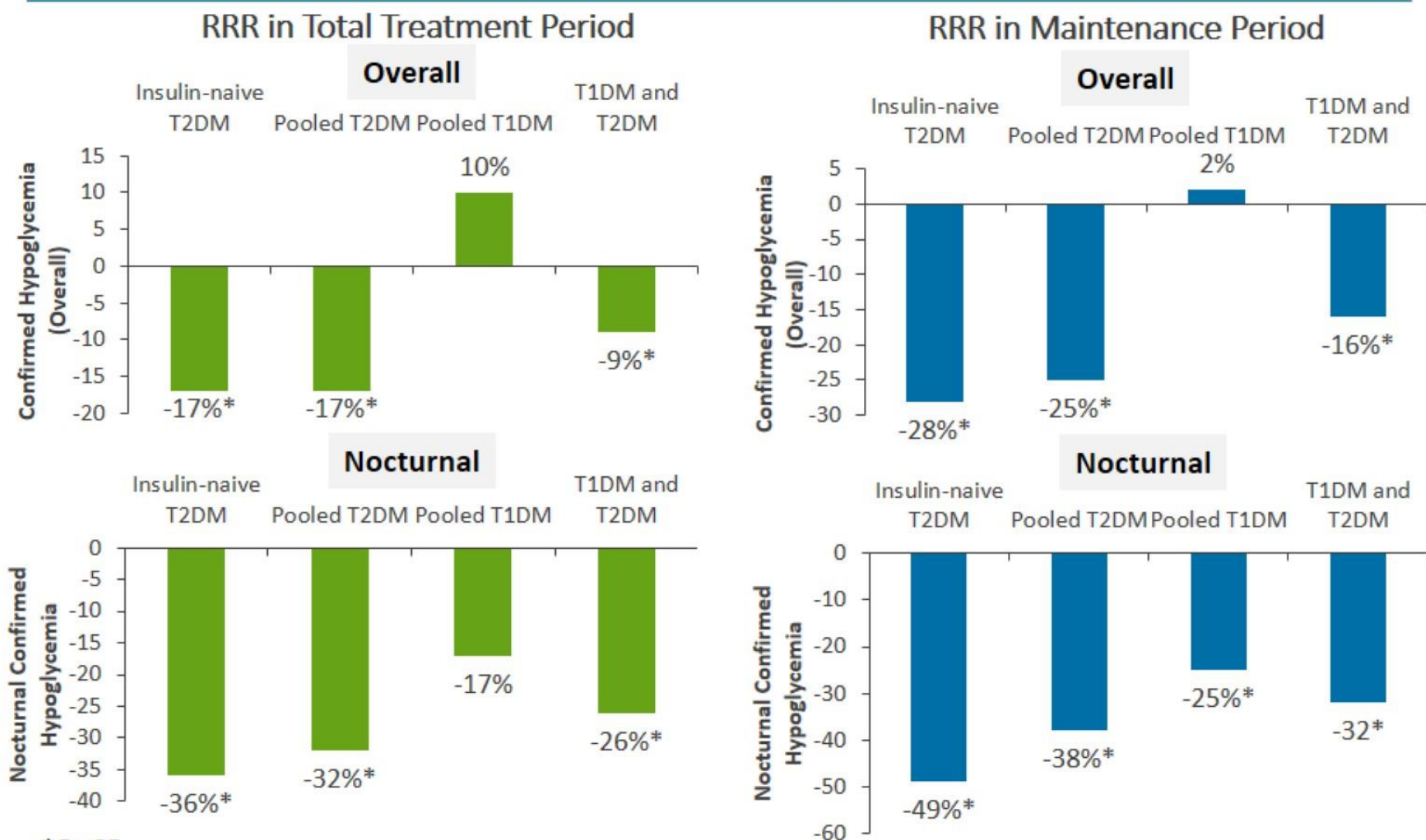
Less overall hypoglycemia
($P = .02$)

52%

Less nocturnal
hypoglycemia ($P = < .01$)

Hypoglycemia Rates With Novel Basal Analogues

Meta-Analysis: Insulin Degludec vs Glargine



* $P < 0.05$

Ratner RE, et al. *Diabetes Obes Metab*. 2013;15:175-184.

Patients who Will Benefit Most from Second-Generation basal insulin

- All patients who need insulin, in particular those:^[a-i]
 - Using basal insulin, but experiencing hypoglycemia
 - Currently using twice-daily basal insulin
 - Starting insulin
 - Vulnerable patients who may have a higher risk for hypoglycemia

기존 glargine, detemir 대비
Same efficacy
Long duration
Less hypoglycemia

a. Garber AJ, et al. *Lancet*. 2012;379:1498-507; b. Zinman B, et al. *Diabetes Care*. 2012;35:2464-2471; c. Gough SC, et al. *Diabetes Care*. 2013;36:2536-2542; d. Meneghini L, et al. *Diabetes Care*. 2013;36:858-864; e. Onishi Y, et al. *J Diabetes Invest*. 2013;4:605-612; f. Riddle MC, et al. *Diabetes Care*. 2014;37:2755-2762; g. Yki-Järvinen H, et al. *Diabetes Care*. 2014;37:3235-3243; h. Bolli GB, et al. *Diabetes Obes Metab*. 2015;17:386-394; i. Terauchi Y, et al. *Diabetes Obes Metab*. 2016;18:366-374.

Insulin degludec Vs Glargine U300

Diabetes Care Volume 41, October 2018

2147

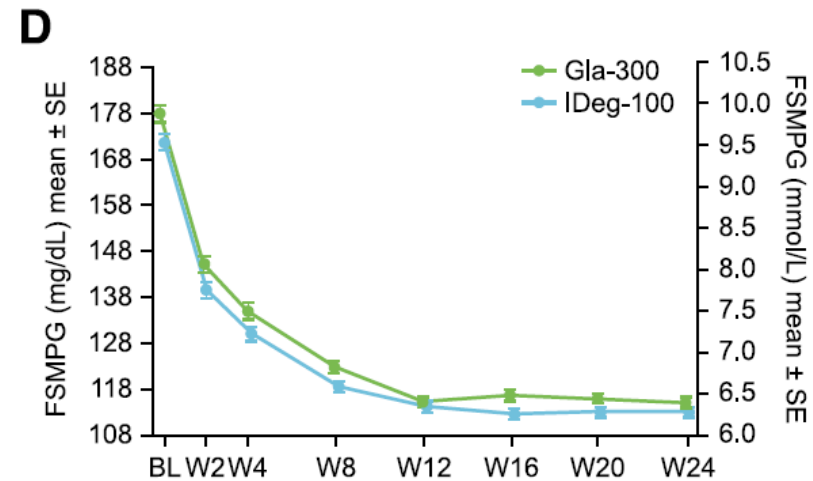
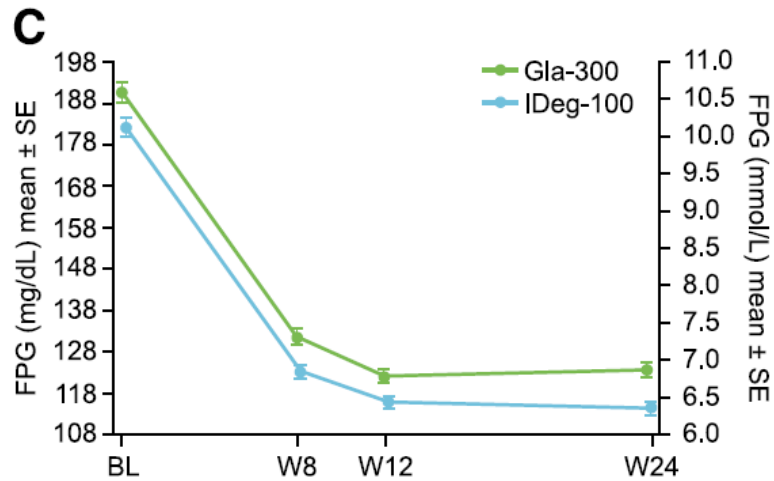
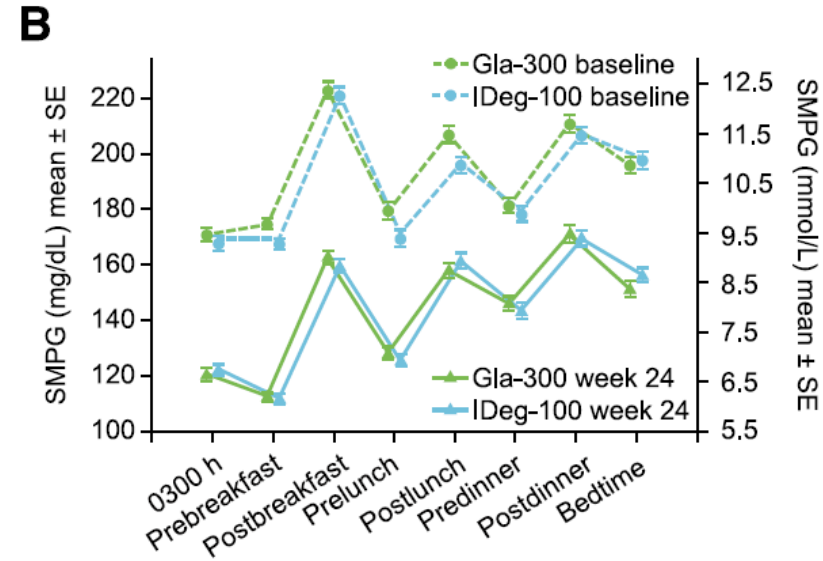
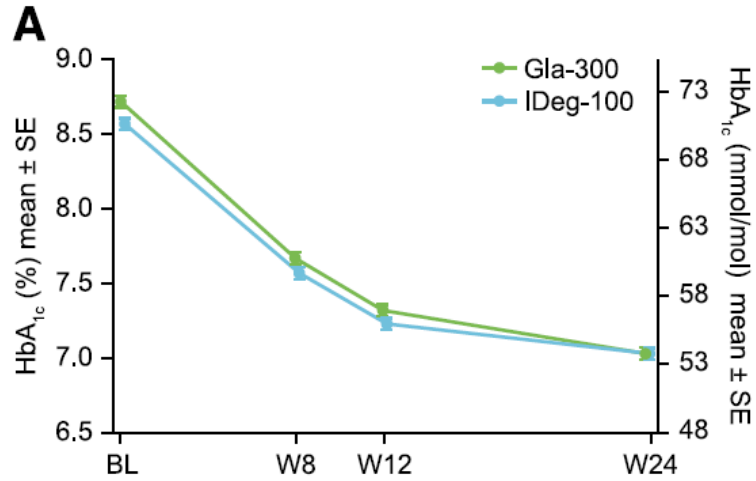


More Similarities Than Differences Testing Insulin Glargine 300 Units/mL Versus Insulin Degludec 100 Units/mL in Insulin-Naive Type 2 Diabetes: The Randomized Head-to-Head BRIGHT Trial

*Julio Rosenstock,¹ Alice Cheng,²
Robert Ritzel,³ Zsolt Bosnyak,⁴
Christine Devisme,⁵ Anna M.G. Cali,⁶
Jochen Sieber,⁷ Peter Stella,⁸
Xiangling Wang,⁹ Juan P. Frías,¹⁰
Ronan Roussel,^{11,12,13} and
Geremia B. Bolli¹⁴*

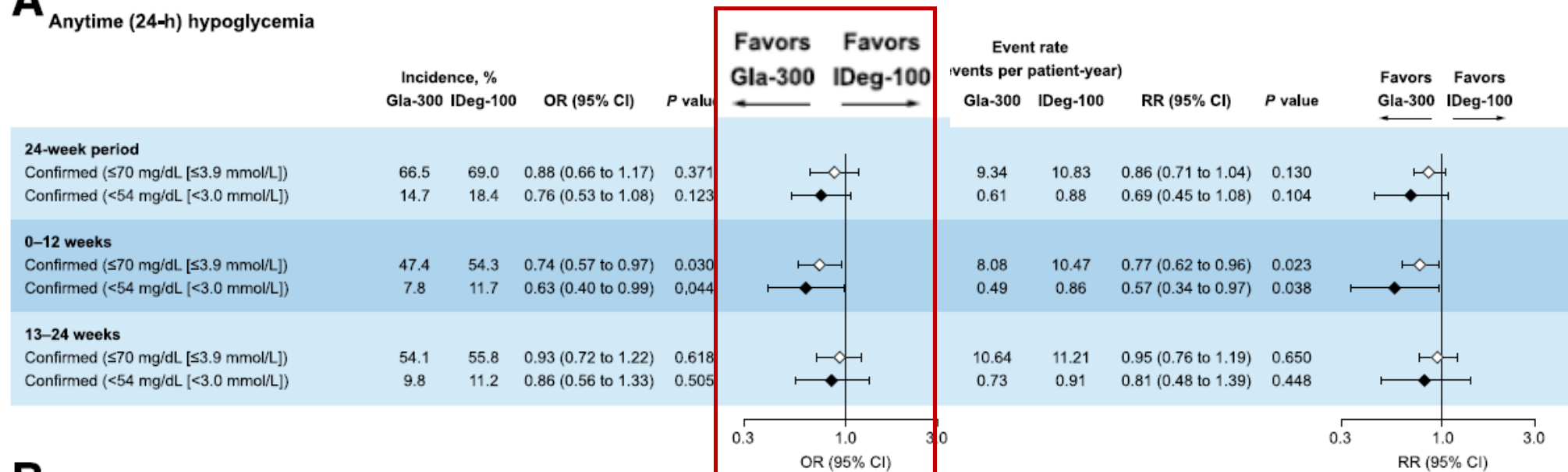
Insulin degludec Vs Glargine U300

The Bright study

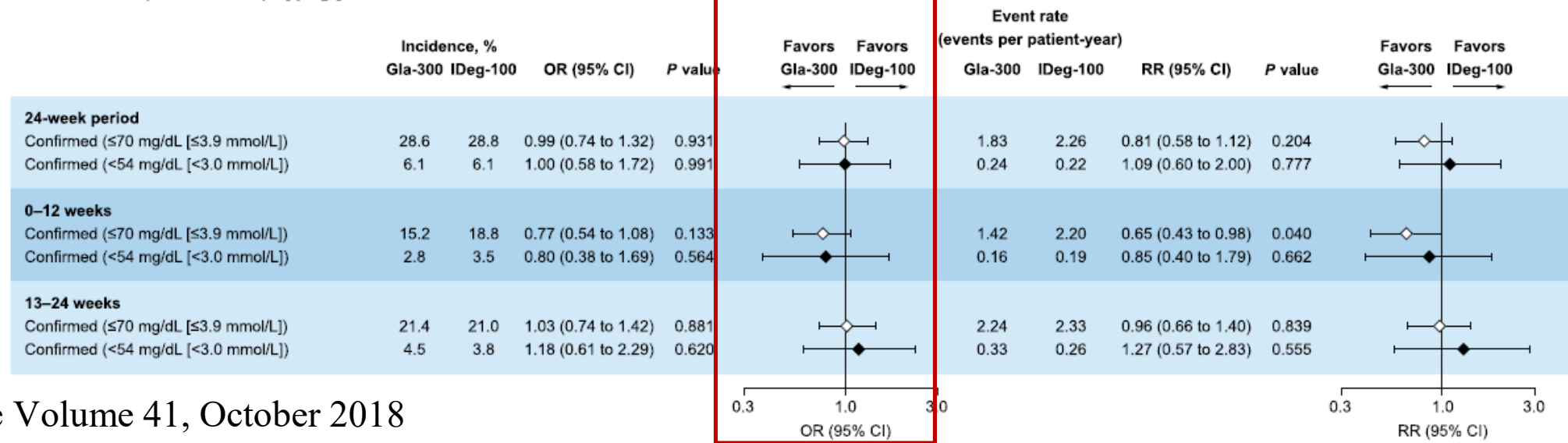


Insulin degludec Vs Glargine U300. The Bright study

A Anytime (24-h) hypoglycemia



B Nocturnal (0000–0559 h) hypoglycemia



Bright Study: Results summary

- Similar glycemic control improvements with Ideg-100 and Gla-300
- Similar variability with Ideg-100 and Gla-300
- A higher mean daily insulin dose for Gla-300 at study end
- Hypoglycemia incidence and rates were comparable with both insulins during the full study period but lower in favor of Gla-300 during the titration period.

RWE for Second-Generation Basal Insulins

Insulin-naïve patients with T2DM

- **LIGHTNING** - lower rates of severe hypoglycemia when using Gla-300 vs Deg-100^[a]
- **CONFIRM** - lower rates of hypoglycemia in those using Deg-100 than with Gla-300^[b]

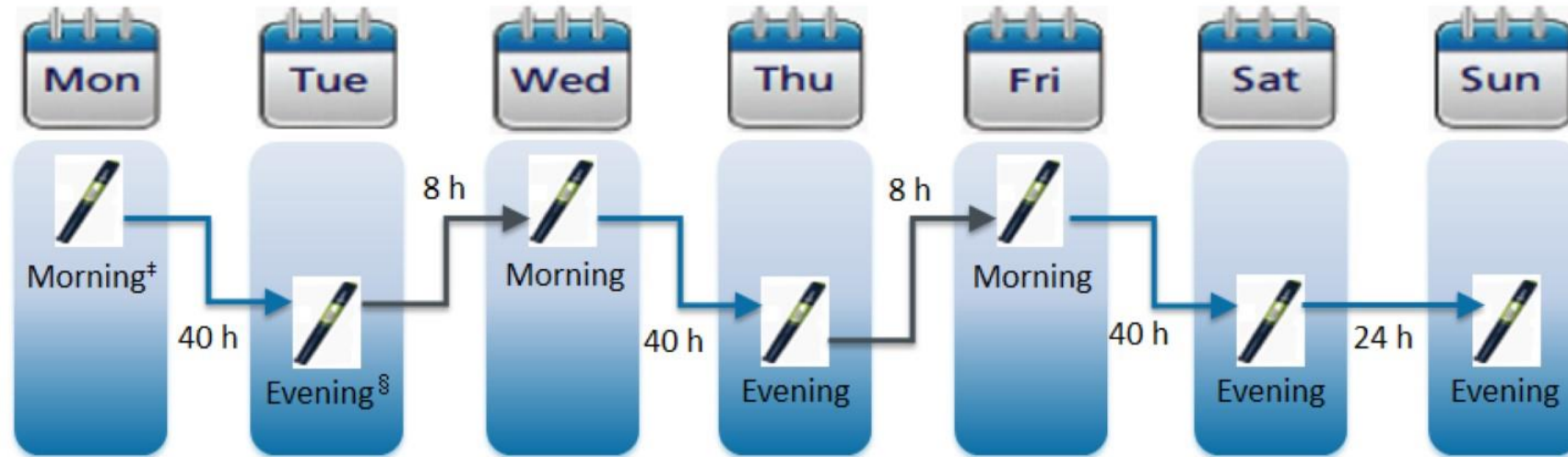
Patients with T2DM switching basal insulin

- **LIGHTNING** - comparable rates of severe hypoglycemia when switching to either Gla-300 or Deg-100^[a]
- **DELIVER** - less hypoglycemia in patients switching to Gla-300 than other basal insulins^[c, d]

New long-acting insulin analogue 의 사용

- Insulin naïve patients
 - Type 2 DM
 - 시작 용량은 10단위 또는 0.2unit /kg. 환자 혈당의 정도에 따라 adjust
 - 용량의 titration 은 3-4일 간격으로
 - Type 1 DM: multi dose injection이 필요
 - Total dose 는 0.2~0.4 unit /kg
 - Total dose 의 1/3 ~ 1/2 을 basal insulin 으로
- Switching from Gla-100 or Detemir
 - 기존의 Insulin analogue 를 안정적으로 사용하던 경우는 변경할 필요가 없음
 - 변경한다면 동일 용량으로 시작.

Degludec Variable Dosing[†] vs Glargine U100 or Degludec Dosed Regularly*



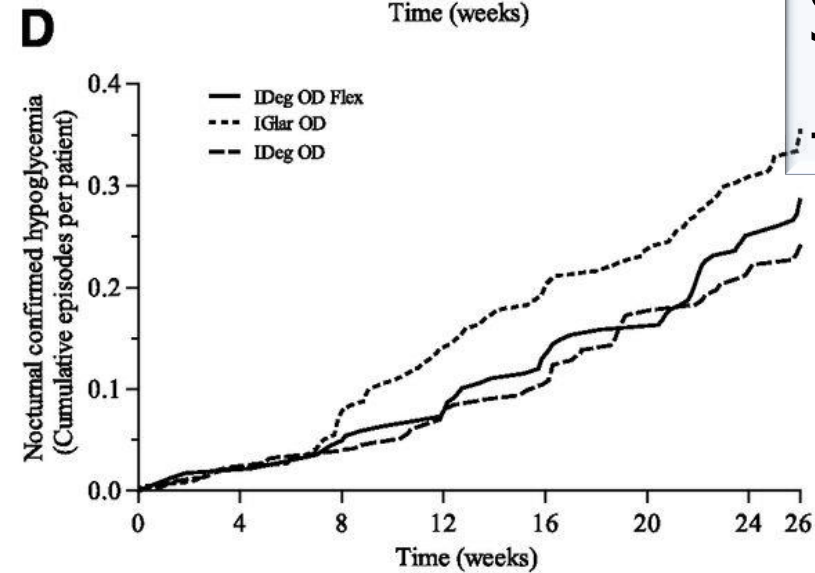
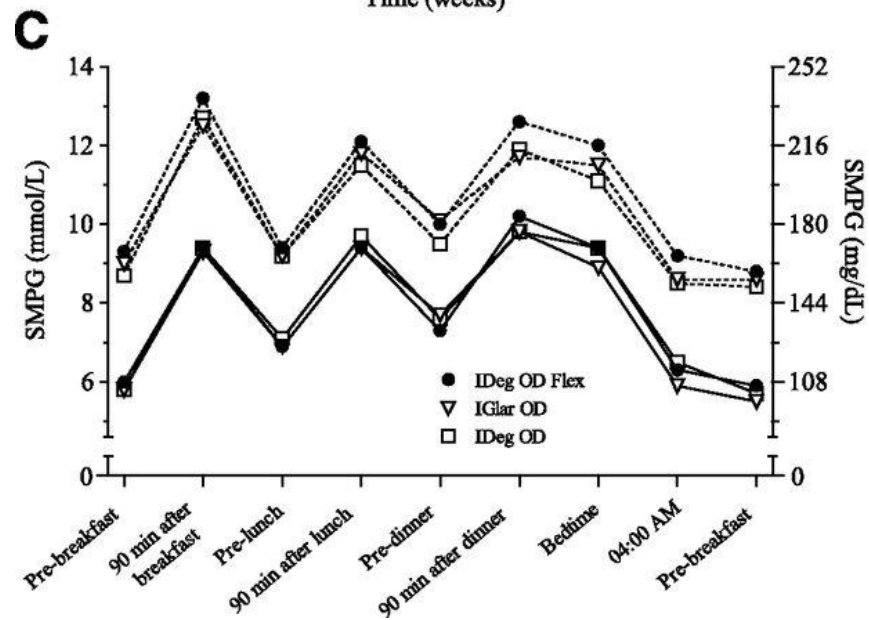
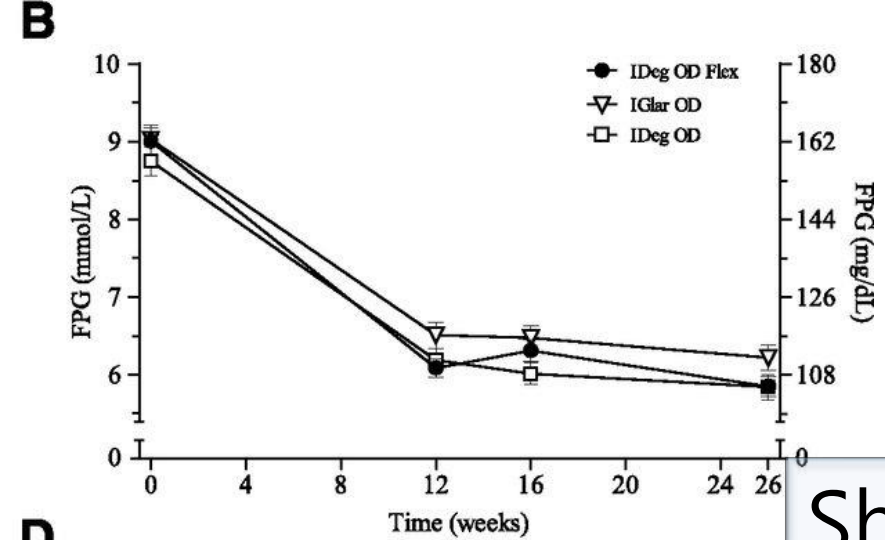
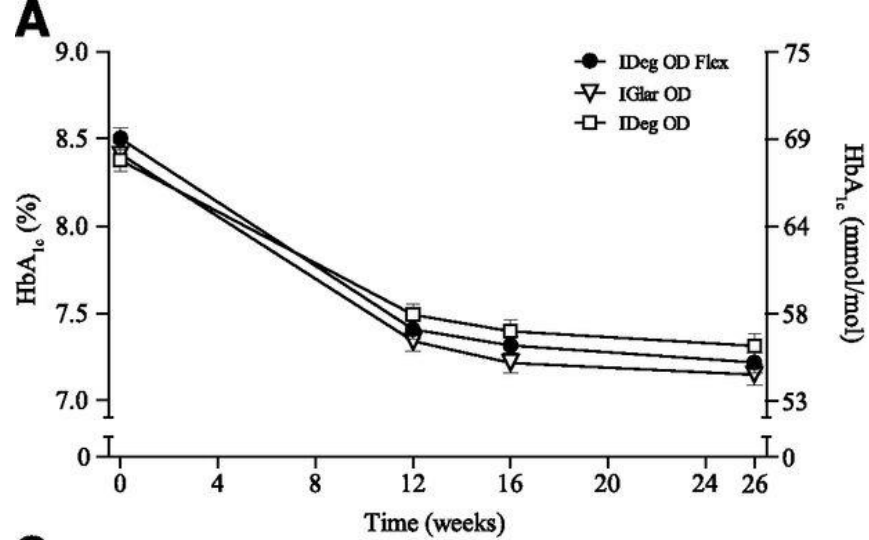
Variable dosing with degludec had similar efficacy and similar hypoglycemia compared with either regular dosing regimen

*687 patients with T2D in a 26-wk, randomized, open-label, parallel-group, treat-to-target trial;

[†]Dosing schedule provided for a maximum dosing interval of 40 h and a minimum dosing interval of 8 h; [‡]Morning defined as time period from waking up to first meal of day;

[§]Evening defined as time period from start of evening meal to bedtime.

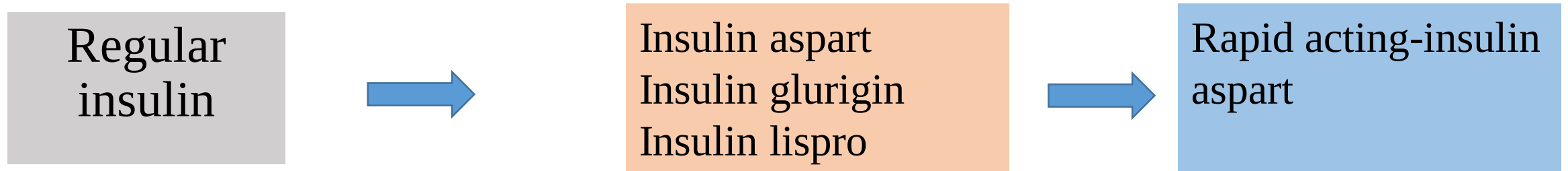
Meneghini L, et al. *Diabetes Care*. 2013;36:858-864.



Shift worker
교대근무자

The use of extreme dosing intervals of 8–40 h demonstrates that the daily injection time of IDeg can be varied without compromising glycemic control or safety

Progress of rapid-acting insulin



Pharmacokinetic action profiles of rapid-acting insulins

인슐린 종류 (상품명)

작용 시작

최고 작용

작용 시간

식전 인슐린

속효성 인슐린 (투명)

휴물린R

30 분

2-3 시간

6.5 시간

속효성 인슐린 유사체 (투명)

인슐린 리스프로 (Humalog)

인슐린 글루리진 (Apidra)

인슐린 아스파르트 (NovoRapid)

Faster 아스파르트 (Flasp)

10-15 분

1-2 시간

1-1.5 시간

1-1.5 시간

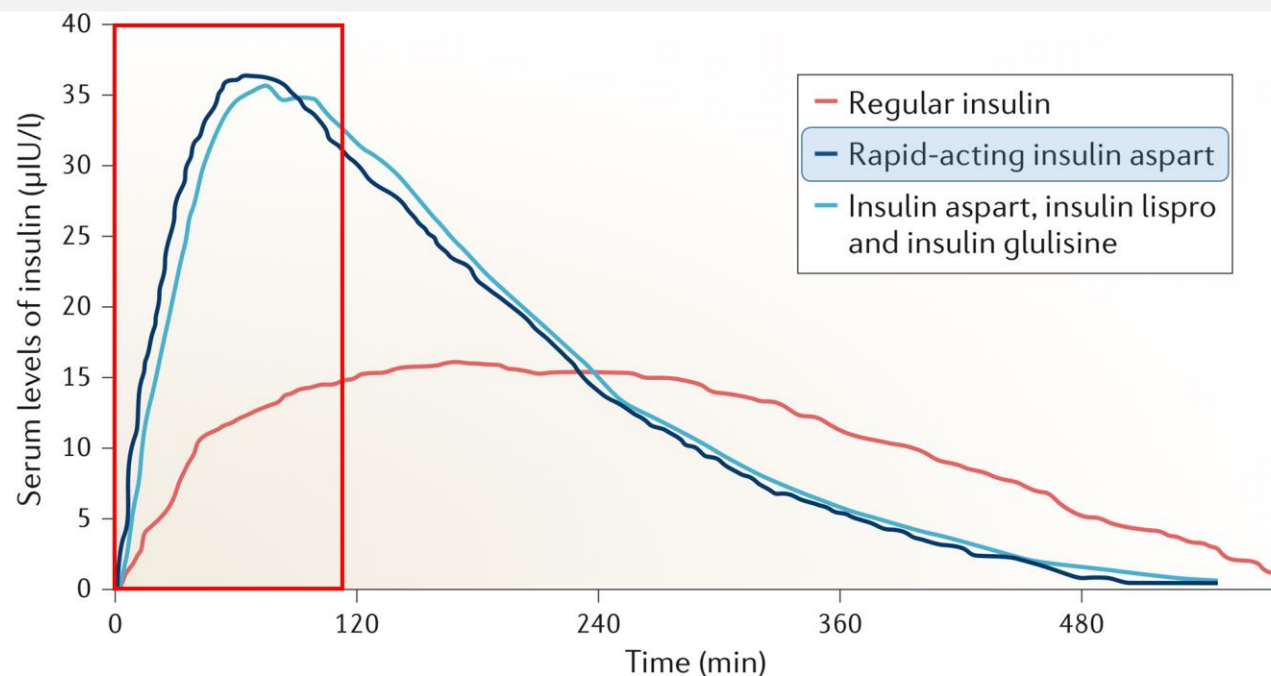
1 시간

3.5-4.75 시간

3-5 시간

3-5 시간

3-4 시간

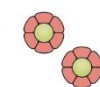


In the vial

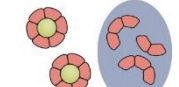
Human regular insulin

Insulin lispro, aspart and glulisine

Fast-acting insulin aspart



Hexamers

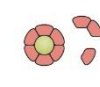


Hexamers and multimers

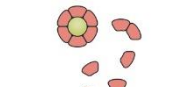


Hexamers

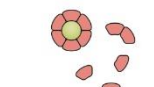
After administration under the skin



Hexamers, dimers and monomers



Hexamers, dimers and monomers



Hexamers, dimers and monomers

In the capillaries



Rapid-acting insulins aspart

In a pharmacokinetic study

- A faster onset of action than insulin aspart (4.9 min versus 11.2 min) and reached the 50% maximum concentration more quickly (20.7 min versus 31.6 min)
- The greatest difference occurred during the first 15 min, when the area under the curve was 4.5-fold greater with fast-acting insulin aspart

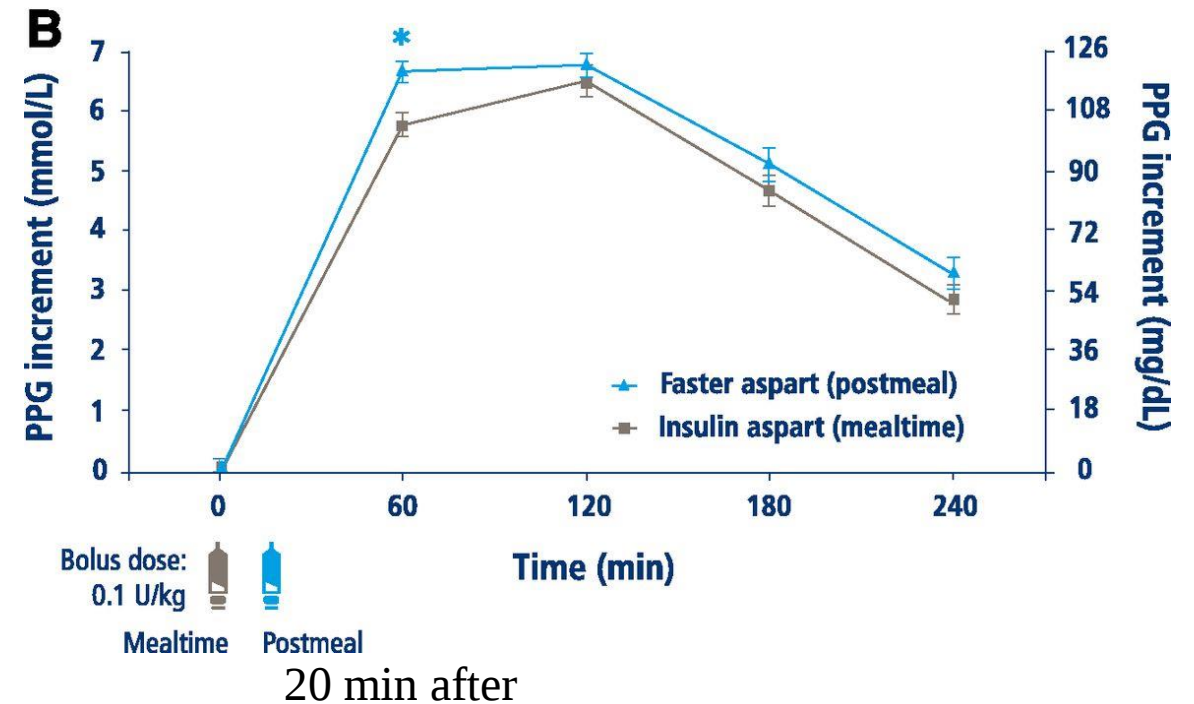
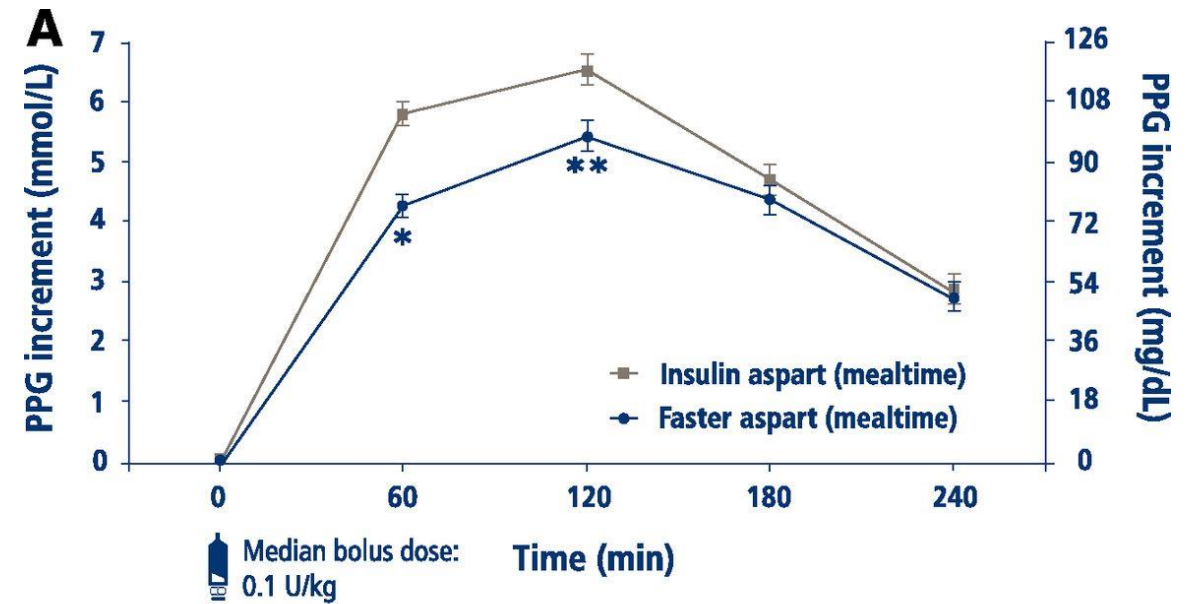
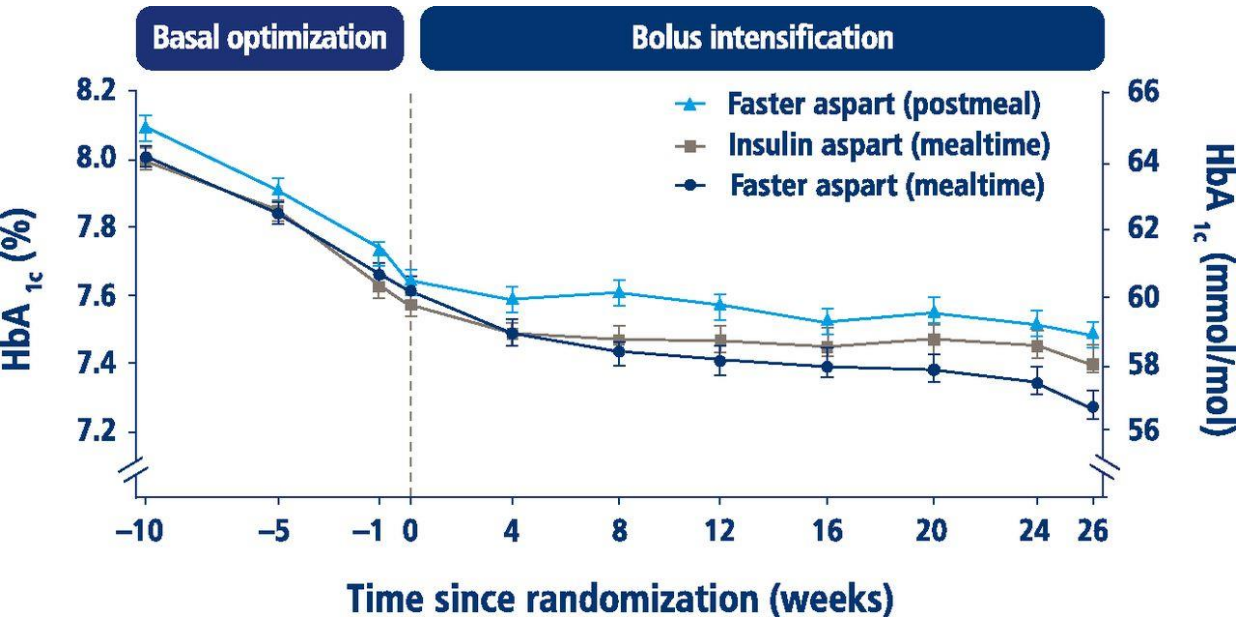
In a pharmacodynamic analysis

- A greater glucose-lowering effect within 90 min after dosing than insulin aspart
- Similar overall potency but that a shift of action to earlier time



Fast-Acting Insulin Aspart Improves Glycemic Control in Basal-Bolus Treatment for Type 1 Diabetes: Results of a 26-Week Multicenter, Active-Controlled, Treat-to-Target, Randomized, Parallel-Group Trial (onset 1)

Diabetes Care 2017;40:943–950 | <https://doi.org/10.2337/dc16-1771>



Rapid-acting insulins aspart

- In real-life settings,

These few minutes make a considerable difference to the lives of people with diabetes

Type 1 DM

Type 2 DM ?

Gaining another 4–5 min in speed of onset of insulin action will contribute to **more flexibility** in people's lives without compromising efficacy or safety of the insulin regimens

Progress of premixed formulations

Regular
insulin

NPH/RI
70/30
50/50

Insulin protamine aspart/aspart
Insulin protamine lispro/lispro
70/30, 75/25, 50/50

Insulin degludec/
insulin aspart
70/30



Pre-mixed formulations

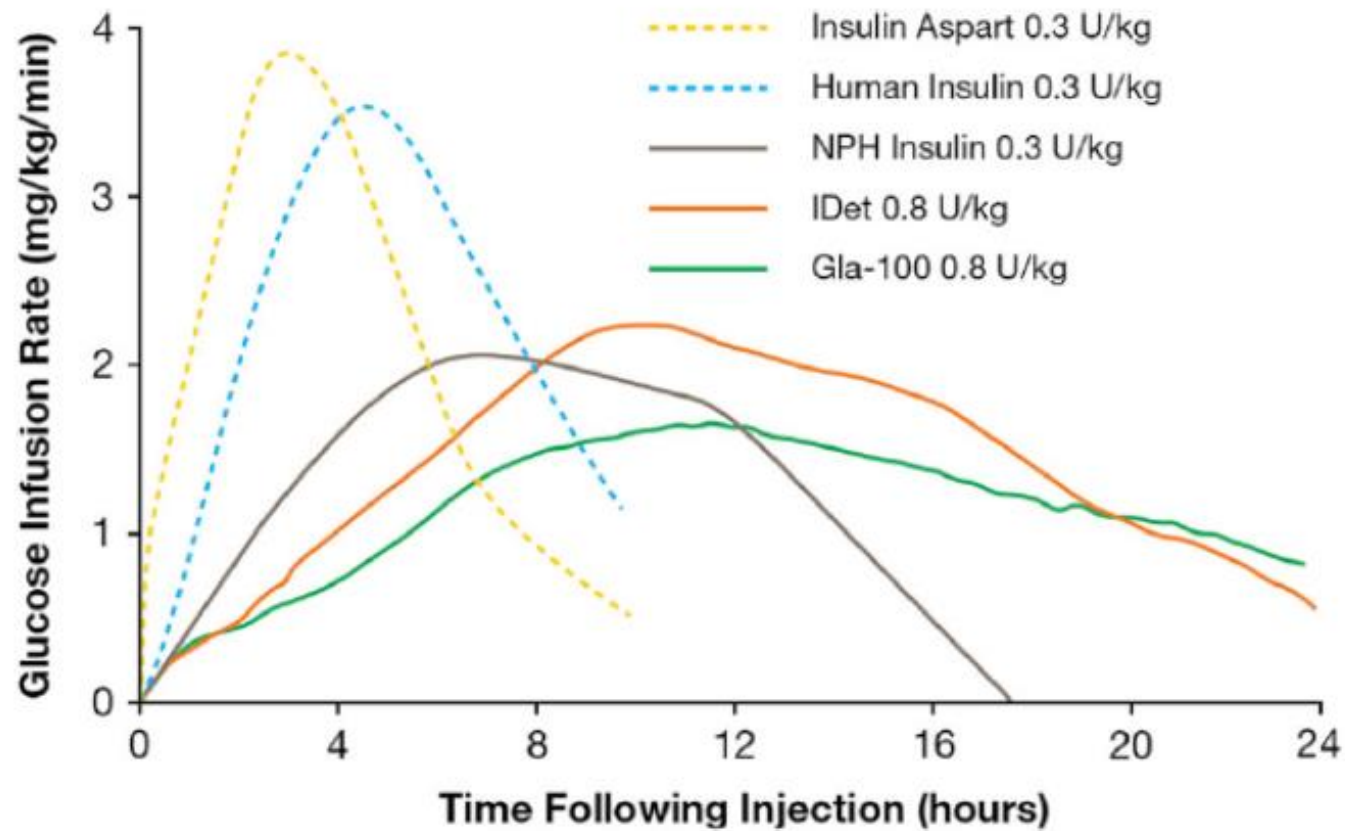
Insulins

Premixed insulin products

Compounds

- NPH/Regular 70/30
- Lispro 50/50
- Lispro 75/25
- Aspart 70/30

Lispro protamine
Aspart protamine



아침

점심

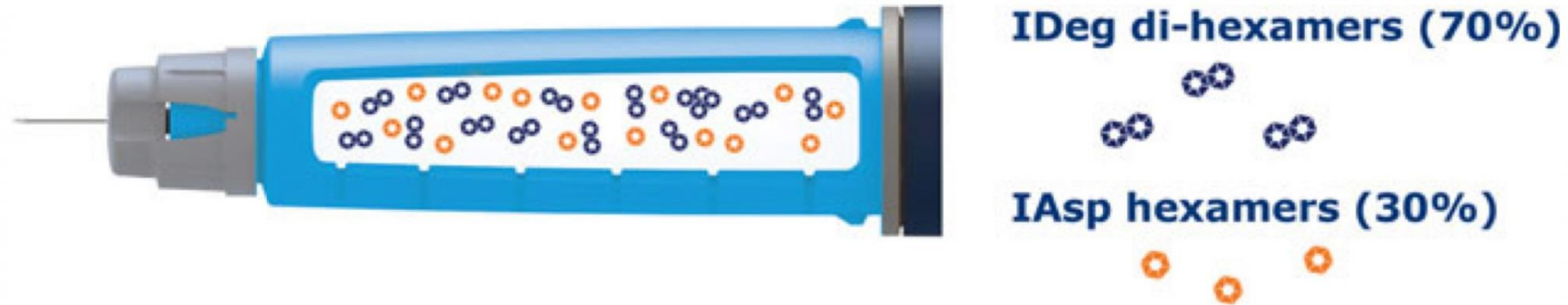
저녁

아침

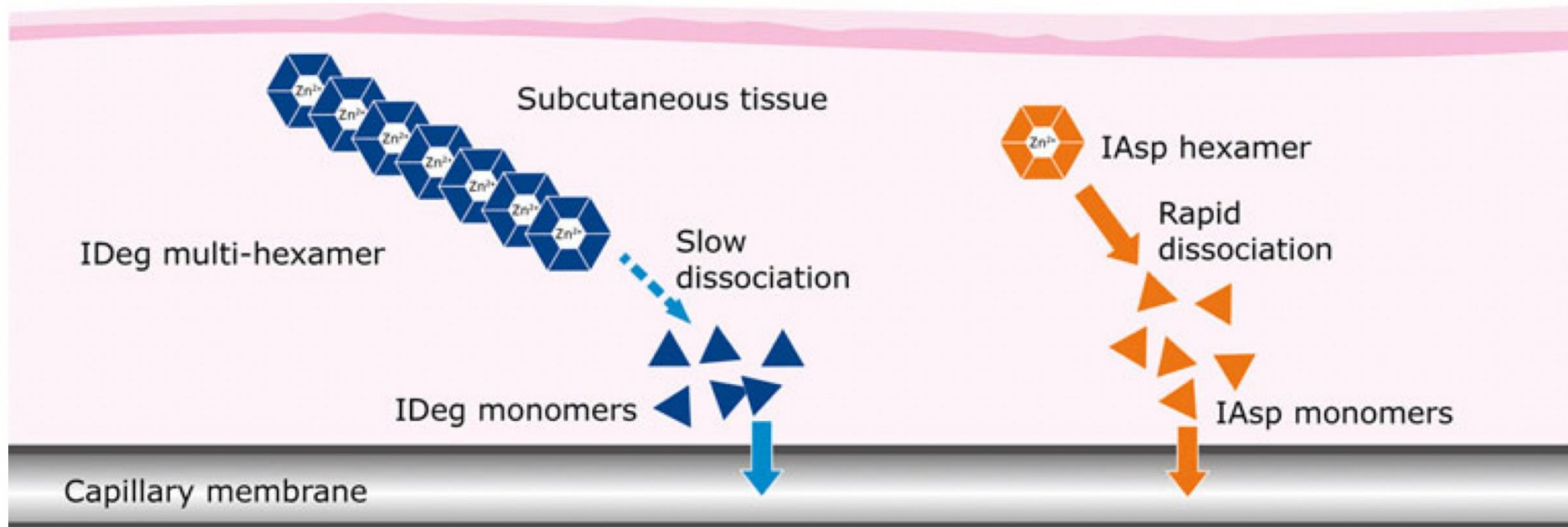


Pre-mixed insulin: IDegAsp (Ryzodeg®)

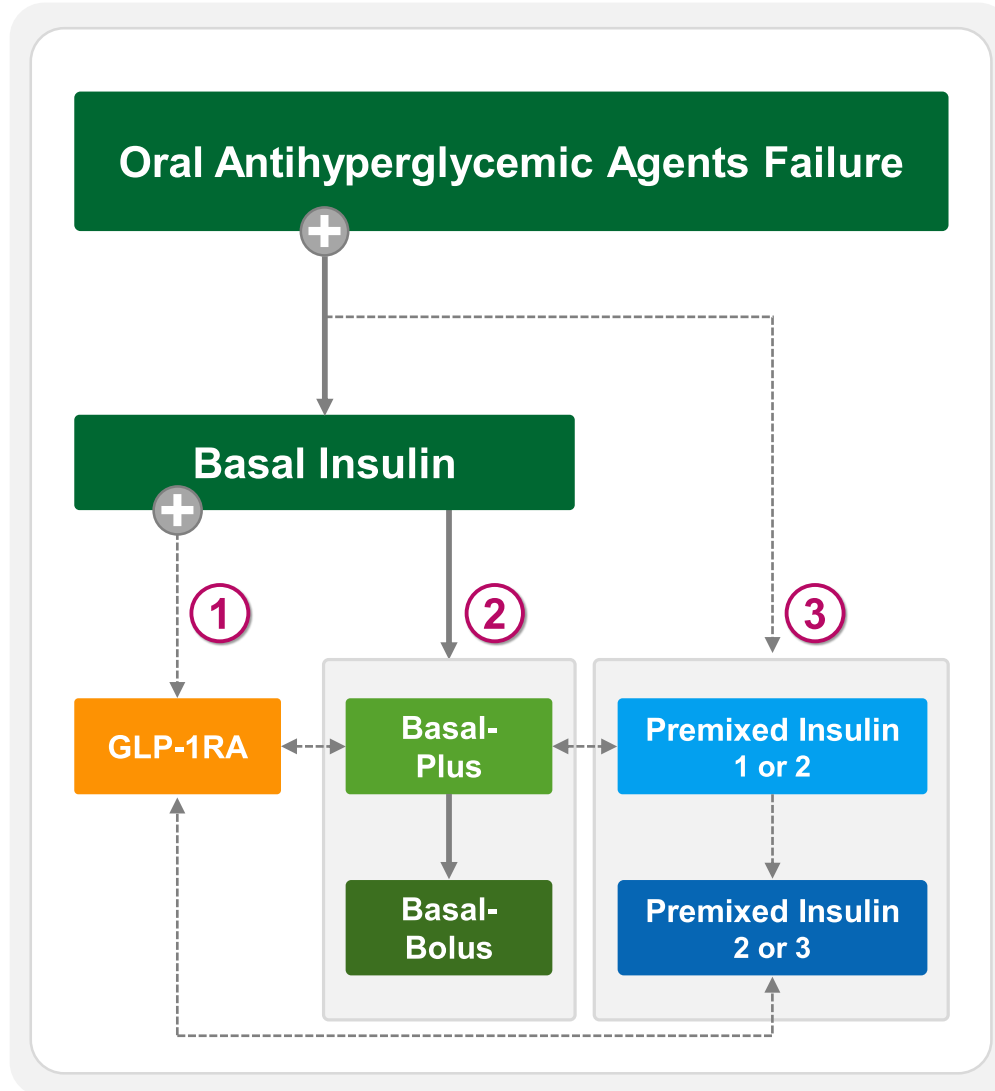
(A)



(B)



기저인슐린 치료로 혈당 조절 실패 시 강화 주사제 치료의 선택



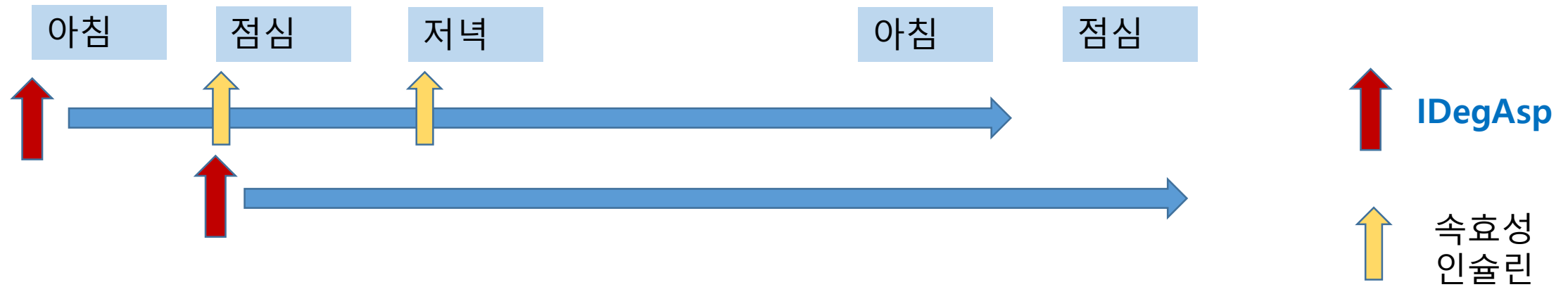
① GLP-1 수용체작용제 추가
(DPP-4 억제제는 중단)

② 기저-플러스 인슐린 요법
(1회/일 식전 인슐린 추가)
→ 기저-식전 인슐린 요법으로
(2~3회/일 식전 인슐린 추가) 진행 가능

③ 혼합형 인슐린 요법 1일 2회
이상으로 전환

3제 병합요법에도 HbA1c $\geq 10\%$
→ 처음부터 강화 인슐린 치료 고려

Pre-mixed insulin: IDegAsp

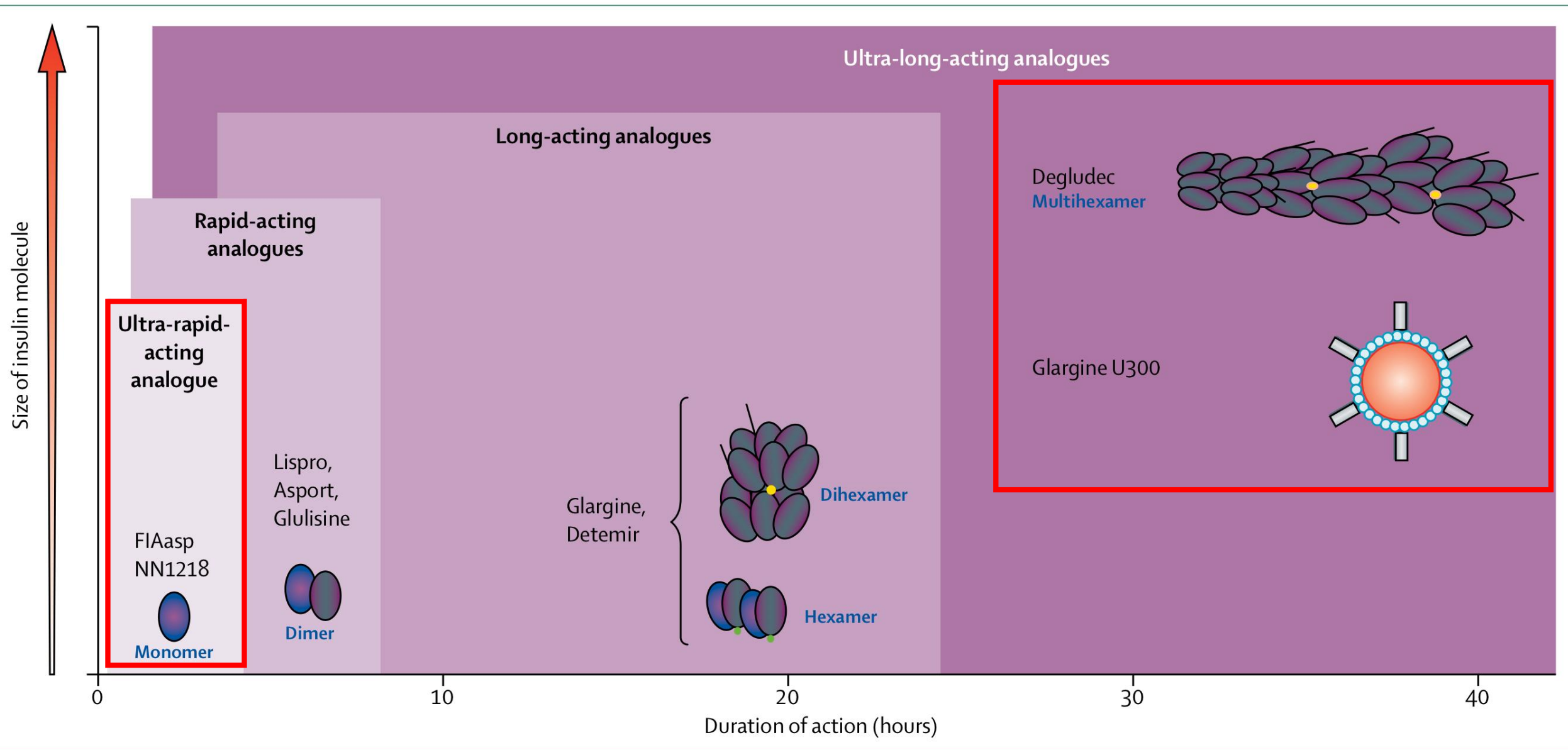


사용 예

Basal insulin 과 2가지 경구약제를 사용함에도 당화혈색소가 8.7% 정도로 높고 공복혈당은 90-110 mg/dl 정도로 유지되나 식 후 혈당이 250-280 mg/dl 정도로 높은 52세 남자환자

→ 하루 중 식사량이 가장 많은 끼니 전에 속효성 인슐린 한번을 투여하려고 한다.

Insulin analog formulations with duration of action



Summary

- 1. Insulin degludec, Glargin U300
 - Same efficacy
 - Longer duration → better flexibility (Degl > U300)
 - Less hypoglycemia
 - U300의 경우 부피가 작기때문에 고용량 사용하는 환자에 편리성
- 2. Faster aspart
 - 작용시간이 5~10분 더 빠르다
 - Type 1 DM 환자.
 - 식후에 주사를 맞아야 하는 경우 (more flexibility)
- 3. Pre-mixed insulin: Insulin degludec/Aspart
 - Basal-plus 방법을 1번 주사 투여로 주사횟수를 줄임
 - 기존의 Pre-mixed insulin 보다 flexibility 가 높다