

ANTIDIABETIC TREATMENT IN PATIENTS WITH TYPE 2 DIABETES: ASSESSMENT OF APPROPRIATENESS TO THE LATEST NATIONAL GUIDELINES IN SPAIN



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BACKGROUND AND IMPORTANCE

Recent guidelines for type 2 diabetes (T2D) have shifted from HbA1c-centered targets to drug selection based on the patient's predominant clinical condition. Nevertheless, many patients still receive outdated regimens not aligned with current recommendations

AIM AND OBJECTIVES

- 1- To evaluate the appropriateness of chronic antidiabetic treatment in adults with T2DM according to the most recent national guidelines (NGs).
- 2- To analyze whether differences in appropriateness exist depending on the predominant clinical condition.

MATERIALS AND METHODS

3 month prospective longitudinal study

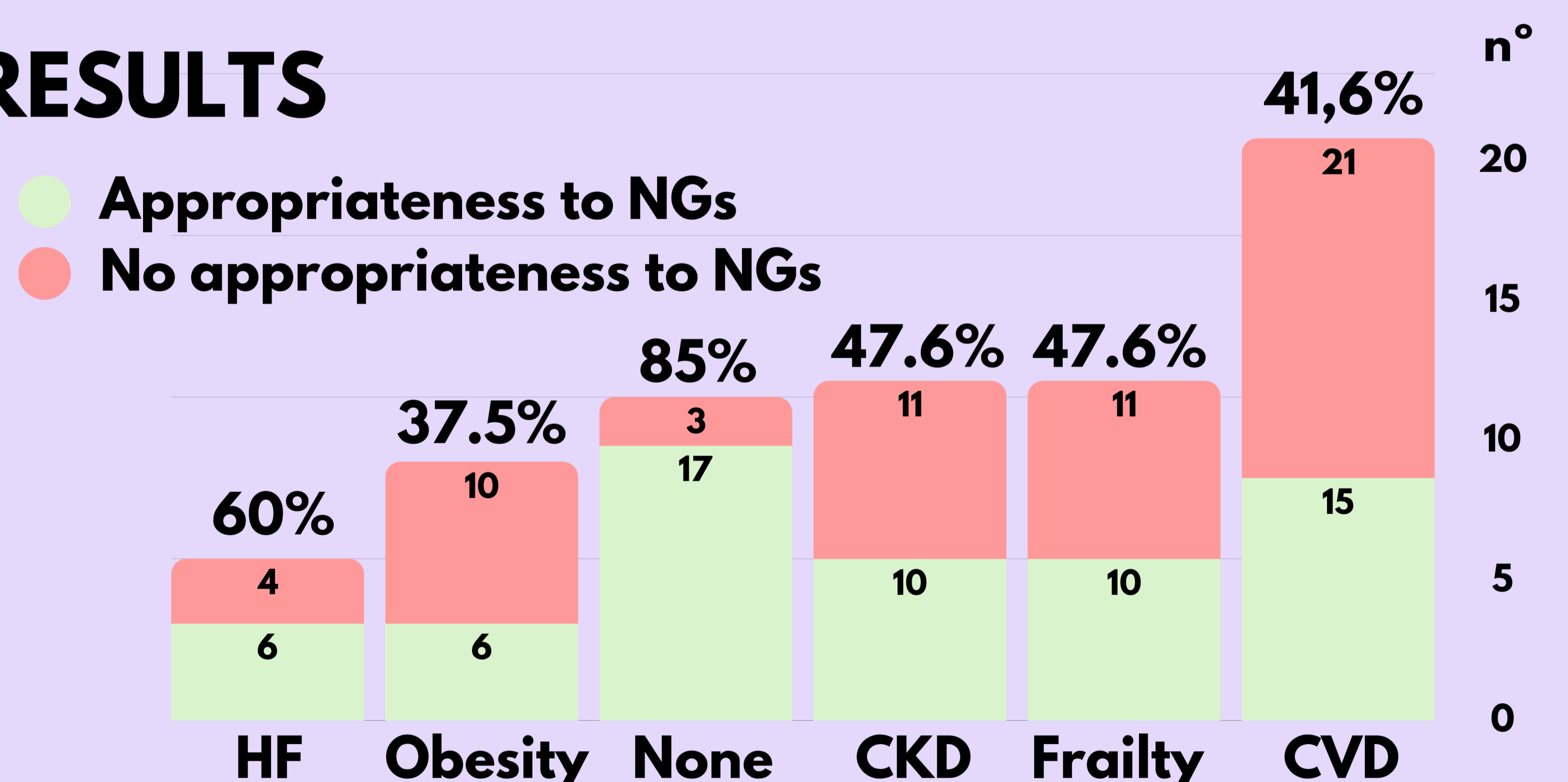
- Inclusion criteria: T2D adults with prescribed home antidiabetic treatment
- Variables: age, sex, body mass index (BMI), comorbidities, frailty, last HbA1c value, and prescribed antidiabetic drugs.

Patients were classified into 6 groups according to their predominant clinical condition: CVD/high CV risk, HF, CKD, frailty, obesity, or none. Appropriateness was defined as concordance between prescribed drugs and recommendations of the 2023 Spanish redGDPS and the 2025 Spanish Society of Internal Medicine.

Differences inappropriateness among groups were assessed with the Chi-square test.

RESULTS

124 patients (62.3% male, mean age 74.2 years ± 11.4)
Overall appropriateness of antidiabetic treatment was 64/124 (51.6%).
Significant differences ($p = 0.0324$; $p < 0.05$) were found between groups.



CONCLUSION AND RELEVANCE

T2D treatment showed moderate appropriateness to NGs, with particularly low rates in patients with comorbidities. Significant differences between groups highlight the need to prioritize optimization strategies in patients with lower adherence to recommendations.

