INT-010 : Impact of drugs on hypoglycemia in hospitalized patients



HÔPITAL DE ZONE DE NYON HÔPITAL DE ROLLE

F Vandenberghe¹, C Challet¹, M Maitrejean², L Christin³, N Schaad^{1,4,5}

Pharmacie interhospitalière de la Côte, Morges, ² Medical Analysis Laboratory and ³ Department of Internal Medicine, Groupement Hospitalier de l'Ouest Lémanique, Nyon, ⁴ Department of Basic Neurosciences and ⁵ Department of Anaesthetics, Pharmacology and Intensive Care, Geneva University Hospital, Switzerland.

Objectives

Pharmacie

A growing number of reports have been published associating hypoglycemia with non-antidiabetic drugs. Clinical pharmacists are often faced to hypoglycemia in patients with multiple medications.



Aim of the project: To investigate the potential relationship between prescribed drugs and hypoglycemia episodes during hospitalization.

Methods

Point-of-care blood glucose values and prescribed drugs were analyzed in patients admitted to a regional Swiss hospital from January 2013 to December 2015.

Hypoglycemia cases were defined as patients with at least one hypoglycemic event (random glucose value \leq 3.9 mmol/L), and normoglycemic cases as those with random glucose concentrations within the range of 4.5 to 5.8 mmol/L during hospitalization.

clopidogrel enoxaparin heparin ibuprofen insulin insulin glargine insulin protamin irbesartan lisinopril lorazepam metformin metoclopramide metoprolol morphine ondansetron oxazepam oxycodone pantoprazole paracetamol pravastatin acetylsalicylic acid (100 mg) simvastatin torsemide tramadol zolpidem -

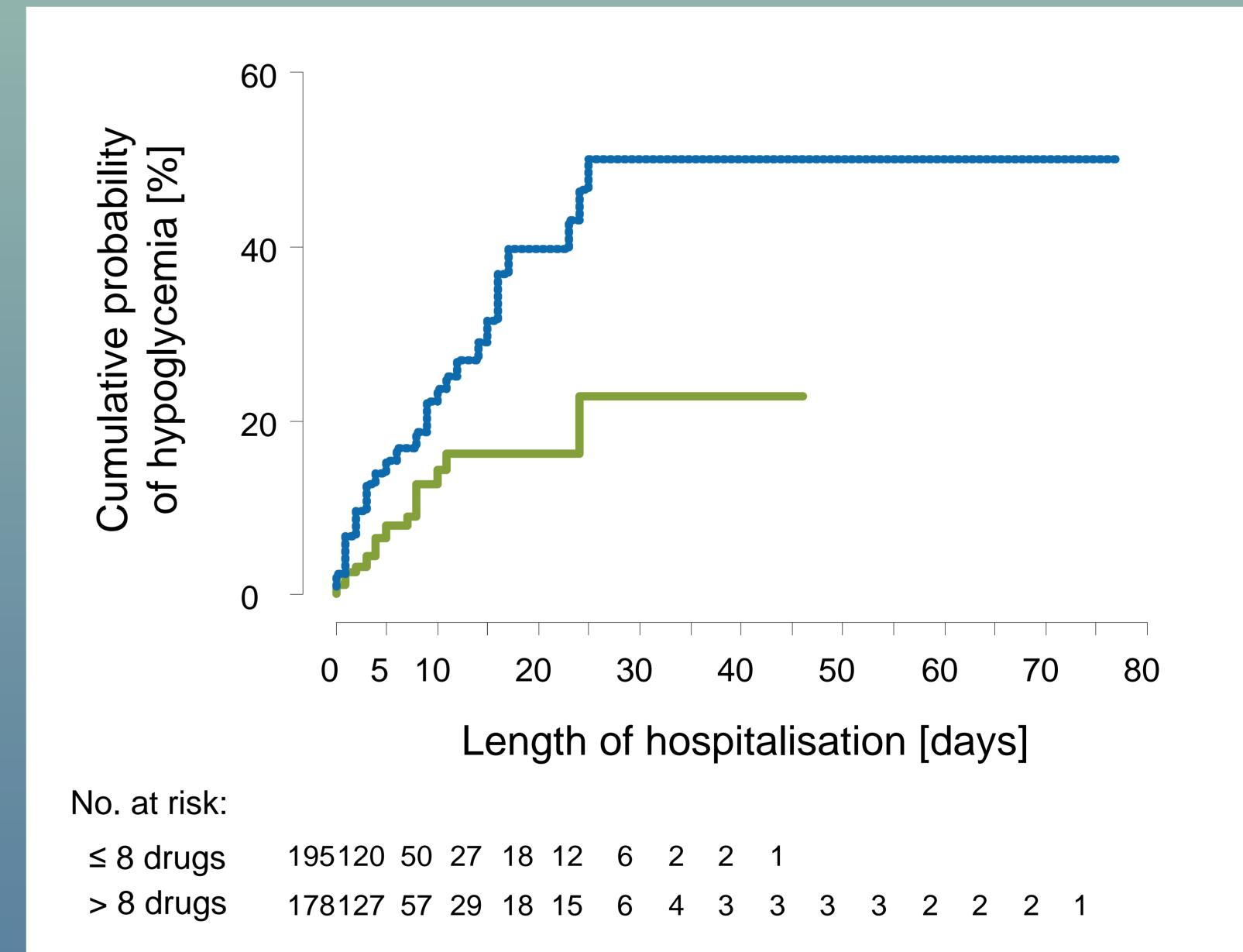
Figure 2: Prescribed drugs and hypoglycemia. Percentage of patients treated with certain drugs in normoglycaemic and hypoglycemic groups. * : significant in multivariate analysis

Results

A total of 373 patients were included (median age: 74 years). Distribution of hypoglycemia cases, gender and antidiabetic drug use is presented in figure 1. Gender and age were found be similar among normoglycemic and hypoglycemic tO patients.

Association between the most frequently prescribed drugs and hypoglycemia is presented in figure 2. After adjusting for available confounders (age, gender, insulin and/or insulin secretagogues use), prescription heparin (odds ratio=2.8, $IC_{95}=1.7-7$, p=0.02) and pantoprazole (odds ratio=1.9, $IC_{95}=1-$ 3.7, p=0.04) was associated with hypoglycemia.

As shown in **figure 3**, a higher rate of hypoglycemia was observed among patients with more than eight administered non diabetic drugs per day. This finding was confirmed after adjusting by available confounders (hazard ratio=2.3, IC_{95} =1.4-4, p=0.002).



Females

Males

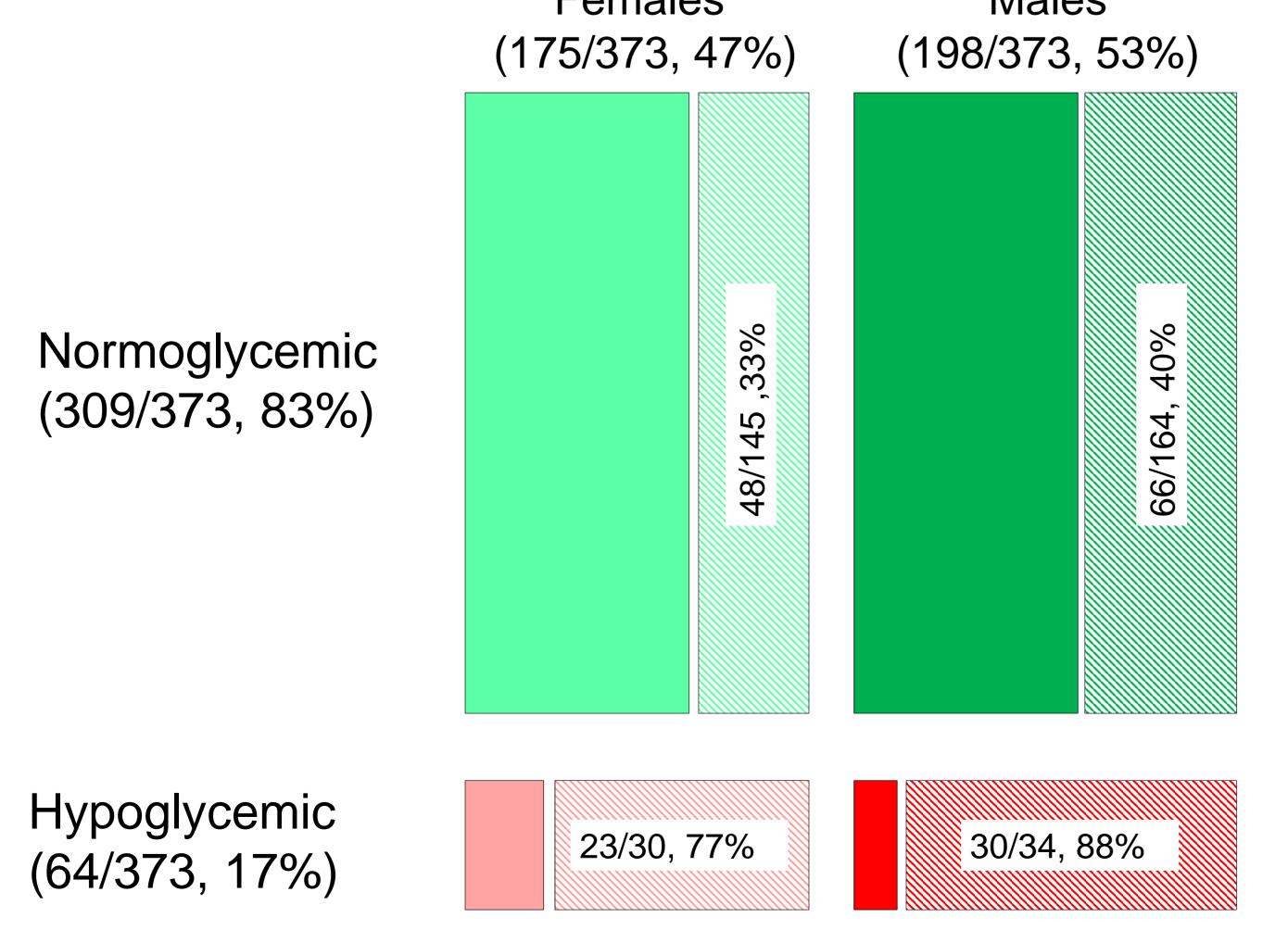


Figure 1: Cohort description. Mosaic plot representing the distribution of normoglycemic (green), hypoglycemic (red), females (left) and males (right). The hatched area represent the cases with at least one antidiabetic drug.

further studies. In line with previous published reports, a combination of more

Discussion

than 8 non-diabetic drugs exposes the patient to a greater risk of hypoglycemia.

Figure 3: Polymedication and hypoglycemia. Kaplan-Meier curves for

patients with more than eight prescribed non diabetic drugs (blue dotted line)

Heparin and pantoprazole were found to be associated with

hypoglycemia events. Theses results require confirmation in

and equal or less than eight drugs (green line).

The relationship between hypoglycemia and polypharmacy supports the demand to limit polypharmacy as much as possible, especially in elderly patients. This result underlines the potential involvement of clinical pharmacists with the aim to reduce the risk of hypoglycemia during hospitalization.