- A retrospective study of UK patient data was conducted to assess the unmet clinical need in type 2 diabetes mellitus (T2DM), defined as failure to reduce weight, or meet targets for blood pressure (<140 mmHg), total cholesterol (<5 mmol/L) or glycated hemoglobin (HbA1c [<7.5%]) levels.
- Mean HbA1c prior to therapy escalation was8.03% in patients on monotherapy, 8.48% in dual and 8.71% in triple oral therapy use, and was higher again in insulin users (9.78%).
- All subgroups were associated with a decrease in HbA1c following therapy escalation, but consistent improvements were not observed across the other cardiovascular risk factors following escalation.
- The proportion of patients that achieved all four targets ranged from 3% in the monotherapy and insulin groups to 6% in the dual therapy group, suggesting that the potential unmet clinical need among people with T2DM is significant.
- Even with a combination of conventional pharmacotherapies, patient outcomes are often below what are considered the milestones of optimal clinical response and thus there clearly remains the need for new therapeutic approaches to alleviate the burden associated with T2DM.

This summary slide represents the opinions of the authors. Sponsorship for this study was funded by AstraZeneca plc. Editorial assistance for this study was provided by Samantha Webster of Health Economics & Outcomes Research Ltd. For a full list of acknowledgments and conflicts of interest for all authors of this article, please see the full text online. 