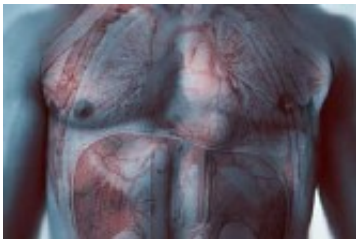


Long-acting analog insulin doesn't up AMI risk in T2DM

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(HealthDay)—For patients with type 2 diabetes, the risk of acute myocardial infarction (AMI) is not significantly different for long-acting insulin analogs versus other basal insulin therapies, according to a study published online Aug. 17 in *Diabetes, Obesity and Metabolism*.

Bianca Kollhorst, from the Leibniz Institute for Prevention Research and Epidemiology in Bremen, Germany, and colleagues examined the risk of AMI in patients with [type 2 diabetes](#) mellitus in a [retrospective cohort study](#). The risk of AMI was compared for patients treated with long-acting [insulin](#) analogs versus other basal insulin therapy.

The researchers identified 21,501 new insulin users. Patients treated with premixed insulin were older than those treated with analog or human neutral protamine Hagedorn (NPH) insulin (mean age, 70.7 versus 64.1 and 61.6 years, respectively); they also had a higher number

of comorbidities. There was no significant difference in the risk of AMI for those receiving NPH or analog insulin (hazard ratio, 0.94; 95 percent confidence interval, 0.74 to 1.19), but the risk was higher for premixed versus analog insulin (hazard ratio, 1.27; 95 percent confidence interval, 1.02 to 1.58). There was no increased risk for premixed insulin in propensity score-matched analysis.

"In contrast to a former database study, no difference was observed for the risk of AMI between long-acting analog and NPH insulin in this study," the authors write. "Neither long-acting analog insulin nor premix insulin appears to be associated with AMI in patients with type 2 diabetes."

Two authors are employed by Sanofi-Aventis, which funded the study.

More information: [Abstract](#)
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