- The 24-week, multinational, prospective, non-interventional A_1chieve study was conducted with the aim of evaluating the clinical safety and effectiveness of insulin analogues in routine clinical practice in people with type 2 diabetes mellitus (T2DM).
- This sub-analysis was conducted to investigate the clinical safety, tolerability, and effectiveness of aspart therapy in insulin-naïve and insulin-experienced people starting aspart alone at baseline and continuing with aspart alone, switching to aspart premix, or adding a basal insulin during the study.
- Overall, 3898 people started aspart at baseline. Of the 3313 study completers, 1545 (46.6%) continued with aspart, 1379 (41.6%) switched to aspart premix and 214 (6.5%) added basal insulin, while the remainder switched to other regimens.
- No serious adverse drug reactions were reported. The proportion of participants reporting hypoglycemia decreased from baseline to week 24 in the aspart alone group (11.2% vs. 4.1%, $p<0.001$) and the aspart+basal insulin group (13.1% vs. 7.5%, $p=0.040$), and was 3.7% at week 24 in the aspart premix group. Glycemic parameters (HbA_{1c}, fasting and postprandial plasma glucose) improved significantly ($p<0.001$) after 24 weeks in all 3 groups.
- Insulin aspart therapy was well tolerated and was associated with improved glucose control over 24 weeks in people with T2DM.

This summary slide represents the opinions of the authors. Sponsorship for this study was funded by Novo Nordisk A/S, Denmark. For a full list of acknowledgments and conflicts of interest for all authors of this article, please see the full text online.