

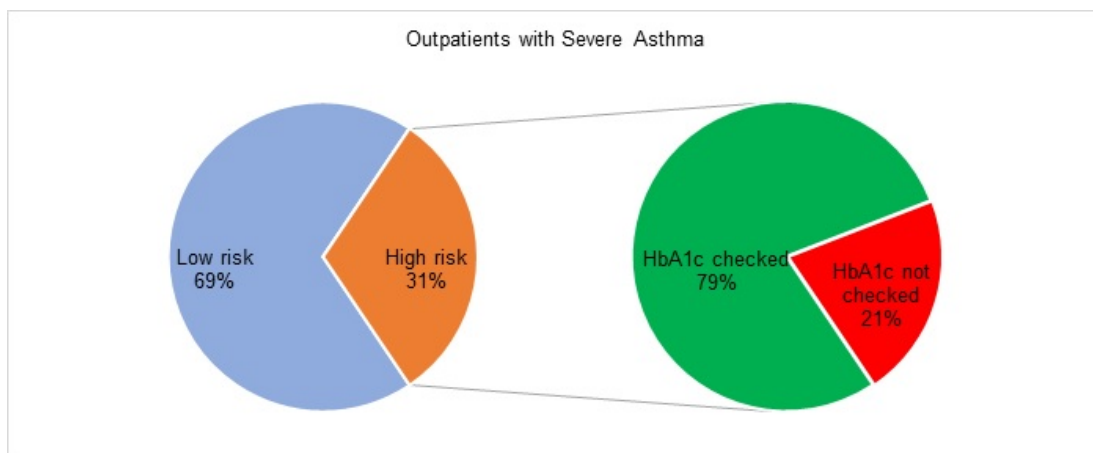
1.06 GLYCAEMIC CONTROL IN OUTPATIENTS WITH SEVERE ASTHMA

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Patients in our severe and difficult to control asthma cohort may be dependent on high and long-term doses of glucocorticoids which deranges their glycaemic control and predisposes to steroid-induced hyperglycaemia, which is not always reversible. We hypothesise that our outpatients with asthma who are on a steroid dose equivalent to prednisolone 2.5mg daily average and above are at risk of hyperglycaemia and we internally audited this against the guidelines from the Joint British Diabetes Societies 2021. We identified 45 of these high-risk patients from a list of those requiring biologic drugs. Patient characteristics, history of diabetes and type, diabetes medication, HbA1c/glucose measurement and timing, and the average daily steroid dose preceding the HbA1c/glucose measurement by 3 months were recorded. 14 outpatients were on a dose of prednisolone at or above the threshold of 2.5mg daily average. Among this group, 11 had HbA1c checked within a 3-month window following their course of steroids (see figure). Only 1 patient in the steroid group had HbA1c greater than 48mmol/mol and this was a patient who had diabetes. The authors hope this audit reminds physicians to assess glycaemic control in all of our high-risk patients.

(1.6)



Conflict of Interest: None to declare