



Experience optimal management of diabetes

ProZinc® has a prolonged duration of effect of approximately 10 to 14 hours in cats.³ This allows:

1. Optimal glycaemic control

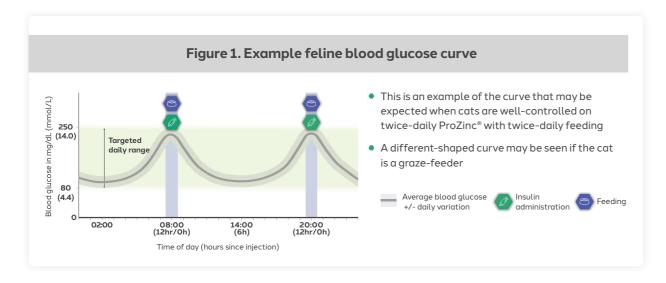
- Recommended by the AAHA and ISFM^{1,2}
- Improved quality of life⁴
- Control of glycaemia for the full 12-hour interdosing period (Fig. 1)

2. Flexible feeding options

- Accommodates for graze-feeding of meals and low carbohydrate snacks, which can help to reduce glucose peaks and troughs in cats fed twice daily
- Pet owners have more options when it comes to the feeding regimen

3. Monitoring based mainly on clinical signs

- If clinical signs are improving, blood glucose will be within the appropriate range for most of the day.
- Dose adjustments should be based primarily on clinical signs, supported by laboratory parameters where needed
- Cat owners should be encouraged to record presence/absence of clinical signs in the ProZinc®
 Home Care Journal



Diagnosis and initial management

Diagnosis of diabetes mellitus is based on1:

- Clinical signs polyuria (PU), polydipsia (PD), polyphagia and weight loss. If the patient is anorexic, test for diabetic ketoacidosis (DKA)*
- Laboratory results hyperglycaemia with glucosuria on at least two occasions. Fructosamine may be supportive in diagnosis and future management

Additional data to help detect concurrent disease includes¹:

- Haematology
- Biochemistry and T4

- Full urine analysis, including culture
- Blood pressure



Management with ProZinc®5

- Insulin-naive cats: Start with 0.2-0.4 IU/kg twice daily
- Pretreated cats: A higher starting dose of up to 0.7 IU/kg may be appropriate
- Treat concurrent inflammatory diseases (e.g. urinary tract infection, dental disease, skin disease, pancreatitis), which could interfere with the action of ProZinc®
- Taking the time to explain all aspects of diabetes management (including the importance of regular and accurate dosing) and to demonstrate preparing and administering ProZinc® helps familiarise owners with diabetic care
- Informing owners that the ProZinc® starting dose may need to be titrated helps owners to understand that it might take some time to achieve stabilisation
- The ProZinc® Cat Owner Brochure helps to familiarise owners with diabetic care and the ProZinc® Home Care Journal supports monitoring of clinical signs, exercise and weight.



Feeding

- Cats should be fed twice daily, approximately 12 hours apart and at the same time or just before insulin injections are given
- Some cats may be hungry between mealtimes. Graze-feeding of measured portions is acceptable, and owners should not hesitate to give hungry cats a small low carbohydrate snack

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^{*}If DKA is present, hospitalisation and emergency treatment are indicated.



Monitoring

General principles

Good control is based on1:

- Improved clinical signs (reduction in PU/PD and polyphagia, with maintenance/gaining of weight and muscle mass)
- No signs of hypoglycaemia or diabetes mellitus progression

Reassessments are recommended weekly until control is achieved, 1 month later and then every 3–4 months.



Evaluation of good control with ProZinc® is based primarily on improved clinical signs.

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Monitoring blood glucose

Blood glucose curves are generally not required during the stabilisation phase with ProZinc®. Continuous glucose monitoring (CGM) or a 12-hour blood glucose curve may be helpful to check for short duration of action of insulin or suboptimal dosing if there are signs of hypoglycaemia, if clinical signs persist beyond 6 weeks, or if the dose reaches 1.5 IU/kg. It is recommended that factors such as compliance problems, diet change and concurrent disease are ruled out prior to carrying out CGM or a blood glucose curve.

If monitoring **serum fructosamine** is planned, the value at diagnosis would serve as a baseline. Repeating fructosamine is deemed appropriate once the patient has been on the same insulin dose for 2 to 3 weeks and then every second week until assessed as good control by improved clinical signs and a satisfactory fructosamine level (e.g. <400 µmol/L).

Home blood glucose monitors can be used to check for hypoglycaemia if the cat is showing suggestive clinical signs or to inform decisions on whether the cat should be given ProZinc® when inappetent. Owners should be discouraged from taking daily blood glucose measurements as this creates unnecessary stress for the cat.



Reassessments

First reassessment

- Timing is based on owner confidence with injections usually 7 days but earlier if owner requires additional support
- Ask the owner to demonstrate drawing up insulin and the injection procedure using sterile water for injection or saline
- Weigh the patient and ask about presence of clinical signs (PU/PD, appetite)

Further reassessments

- Continue reassessments and dose titration based on clinical signs approximately weekly until there is good control (see dose adjustment section)
- Ask about presence of clinical signs of both hyper- and hypoglycaemia
- Weigh the patient and assess muscle mass
- Check for compliance issues and concurrent diseases, which could interfere with insulin action

Week 6 reassessment

- Ask about presence of clinical signs of both hyper- and hypoglycaemia
- Weigh the patient and assess muscle mass
- If clinical signs persist:
 - Rule out compliance problems, activity or diet change
 - Check for concurrent diseases, which could be causing insulin resistance (e.g. acromegaly, hyperthyroidism, hyperaldosteronism, chronic kidney disease and inflammatory conditions such as bacterial infections and pancreatitis)
 - Consider CGM (e.g. with Freestyle Libre®) or a 12-hour blood glucose curve to rule out suboptimal dose
- No clinical signs: reassess in 1 month

3–4 monthly reassessments of the stabilised patient

- Assess history for presence/absence of clinical signs
- Weigh the patient, assess muscle mass and assess for concurrent disease
- Consider fructosamine if history is unreliable or incomplete

The **ProZinc® Home Care**Journal helps you at each
visit to assess improvement or
worsening of clinical signs and
changes in routine.

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Dose adjustments

General principles

- A decision to increase dose should be based on continued presence of clinical signs of hyperglycaemia
- It may take 6 weeks or sometimes longer for good control, so be patient with your patient and do not be tempted to increase the dose too quickly

Dosing increments

 If clinical signs are not improved, increase insulin dose by 0.5-1.0 IU/cat/day. Generally, any dose adjustment should be performed after several days (e.g. 1 week) since full action of insulin requires an equilibration phase

What if the patient is difficult to control?

If clinical signs persist:

- Rule out compliance problems, activity or diet change
- Check for concurrent diseases, which could be causing insulin resistance
- Consider CGM (e.g. with Freestyle Libre®) or a 14-hour blood glucose curve to rule out short duration of action of insulin and suboptimal dose

If CGM or blood glucose curve shows:

• Symptomatic hypoglycaemia (blood glucose <4.4 mmol/L with clinical signs such as lethargy, weakness, ataxia, seizures) or Somogyi phenomenon*: Reduce insulin dose by 0.5-1.0 IU or restart stabilisation at 0.2-0.4 IU/kg

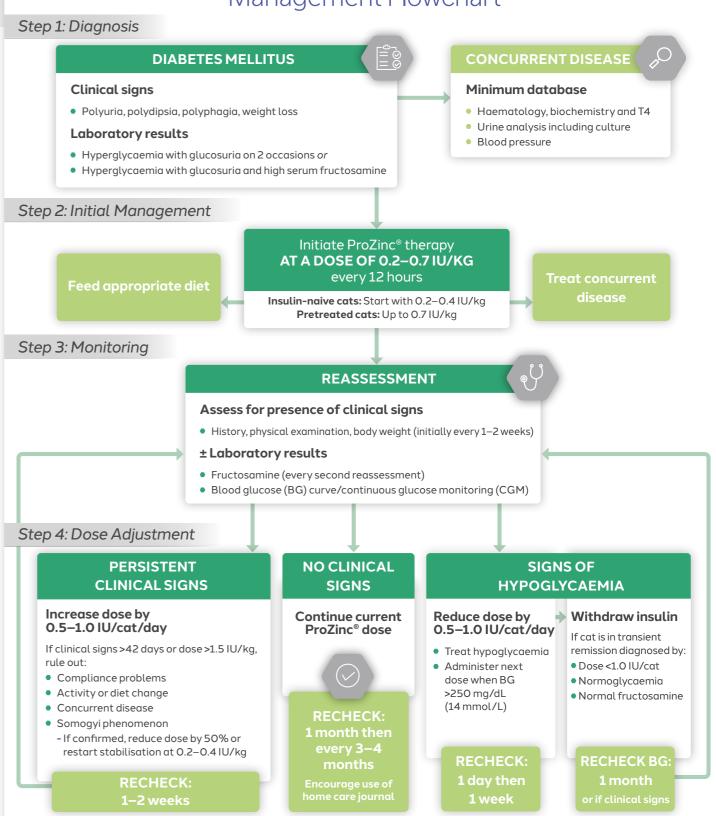
 Normoglycaemia and normal fructosamine with a dose <1.0 IU, the cat may be in transient remission: Withdraw insulin and recheck blood glucose in one month or earlier if clinical signs return

For additional technical advice.

refer to the ProZinc® package insert or consult your Boehringer Ingelheim Technical Veterinarian.



Feline Diabetes Mellitus Management Flowchart







^{*}Somogyi phenomenon is also known as a hypoglycaemic-induced hyperglycaemic event.





Manage your patients' diabetes with ProZinc® (protamine zinc recombinant human insulin)

Achieve control of diabetes mellitus with ProZinc® in dogs and cats:

- The recommended insulin for cats^{1,2}
- With ProZinc® up to 83% of dogs can be successfully treated with once-daily dosing^{6*}

ProZinc®—available in 10 and 20ml vials.

References: 1. Behrend E, Holford A, Lathan P, et al. AAHA diabetes management guidelines for dogs and cats. *J Am Anim Hosp Assoc.* 2018;54:1–21. 2. Sparkes A, Cannon M, Church D, et al. ISFM consensus guidelines on the practical management of diabetes mellitus in cats. *J Feline Med Surg.* 2015;17:235-250. 3. Nelson RW. Disorders of the endocrine pancreas. *Small Animal Internal Medicine.* 5th ed. In: Nelson RW, Couto CG, eds. St. Louis, MO: Elsevier; 2014;777–823. 4. Gostelow R, Hazuchova K, Scudder C, et al. Prospective evaluation of a protocol for transitioning porcine lente insulin-treated diabetic cats to human recombinant protomine zinc insulin. *J Feline Med Surg.* 2018;20:114–121. 5. ProZinc Summary of Product Characteristics (SPC). European Medicines Agency website. Available at: https://www.ema.europa.eu/en/documents/product-information/prozinc-epar-product-information_en.pdf. Accessed December 14, 2021. 6. CVMP assessment report for type II variation for ProZinc (EMEA/V/C/O2634/II/O015). European Medicines Agency website. Available at: https://www.ema.europa.eu/en/documents/variation-report/prozinc-v-c-2634-ii-0015-epar-assessment-report-variation_en.pdf. Accessed June 13, 2022.

ProZinc® (protamine zinc insulin) ProZinc 40 IU/ml suspension for injection for cats and dogs. Prescription medicine. AQ10AC01. Indication: For the treatment of diabetes mellitus in cats and dogs to achieve reduction of hyperglycaemia and improvement of associated clinical signs. Contraindications: Do not use for the acute management of diabetic ketoacidosis. Do not use in cases of hypersensitivity to the active substance or to any of the excipients. The safety and efficacy of ProZinc in breeding, pregnant and lactating animals has not been evaluated. Use only according to the benefit-risk assessment by the responsible veterinarian. In general, insulin requirements during pregnancy and lactation might be different due to a change in the metabolic state. Therefore, close glucose monitoring and veterinary supervision is advised. Dose and administration route: Subcutaneous use. If the animal owner is to administer the product, suitable training/advice should be provided by the prescribing veterinarian before using for the first time. Cats: The initial recommended dose is 0.2 to 0.4 IU insulin/kg bodyweight every 12 hours. Dogs: For initiation of treatment, the recommended dose is 0.5 to 1.0 IU insulin/kg bodyweight once daily every morning (approx. every 24 h). Shelf life: Unopened: 3 years, after opening immediate packaging: 60 days. This text is based on the summary of product characteristics dated 2019-11-07. For more information see www.fass.se. For prices: See www.fass.se. Boehringer Ingelheim Animal Health Nordics A/S, Box 467, 20124 Malmö, tel. 040 23 34 00, fax 040 97 27 50, www.vetportal.se

