

Metreleptin doesn't improve glycemic control in T1DM

7 March 2017



insulin dose by 12.6 and 15.0 percent, respectively (P = 0.006).

"Metreleptin is safe but may not be efficacious in improving [glycemic control](#) in patients with T1DM, although it reduces [body weight](#) and daily insulin dose modestly," the authors write.

One author disclosed financial ties to Amylin and Aegerion. Amylin partially funded the study and Aegerion acquired metreleptin after conclusion of the study.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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(HealthDay)—For patients with suboptimally controlled type 1 diabetes mellitus (T1DM), metreleptin does not improve glycemic control, but is associated with reductions in body weight and daily insulin dose, according to a study published online Feb. 21 in *Diabetes Care*.

Chandna Vasandani, Ph.D., from the University of Texas Southwestern Medical Center in Dallas, and colleagues examined the efficacy and safety of metreleptin therapy in five female and three male patients with suboptimally controlled T1DM. Participants received metreleptin subcutaneously twice daily for 20 weeks, followed by four weeks off therapy.

The researchers found that, compared with the baseline value, metreleptin therapy did not lower hemoglobin A1c significantly (mean difference, ± 0.19 and ± 0.04 percent, respectively, at 12 and 20 weeks). At weeks 12 and 20 there were significant reductions in mean body weight by 2.6 and 4.7 kg, respectively (P = 0.003), and in daily

APA citation: Metreleptin doesn't improve glycemic control in T1DM (2017, March 7) retrieved 3 May 2021 from <https://medicalxpress.com/news/2017-03-metreleptin-doesnt-glycemic-t1dm.html>

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