

Addition of DPP4i to AGI reduces HbA1c in T2DM

5 October 2017



glucose levels; no increase was seen in body weight. DPP4i/AGI and PCB/AGI had similar risks of hypoglycemia and gastrointestinal adverse events.

"Addition of a DPP4 inhibitor to [patients](#) with T2DM inadequately controlled with an AGI achieved better glycemic control without further increasing the risk of weight gain and hypoglycemia," the authors write.

One author disclosed financial ties to AstraZeneca and LG Chemical.

More information: [Abstract](#)
[Full Text](#)

Copyright © 2017 [HealthDay](#). All rights reserved.

(HealthDay)—For patients with type 2 diabetes mellitus (T2DM), inadequately controlled with alpha-glucosidase inhibitors (AGIs), the addition of a dipeptidyl peptidase-4 (DPP4) inhibitor (DPP4i) is associated with a greater reduction in hemoglobin A1c (HbA1c), according to a review published online Sept. 26 in the *Journal of Diabetes Investigation*.

Se Hee Min, M.D., from the Seoul National University College of Medicine in South Korea, and colleagues conducted a literature review to examine the efficacy and safety of the addition of a DPP4i to patients with T2DM inadequately controlled with an AGI. Data were included from five studies with 845 patients randomized to DPP4i/AGI and 832 randomized to placebo plus AGI (PCB/AGI).

The researchers found that DPP4i/AGI correlated with a greater reduction in HbA1c than PCB/AGI (weighted mean difference, ?1.2 percent), fasting plasma glucose, and two-hour postprandial plasma

APA citation: Addition of DPP4i to AGI reduces HbA1c in T2DM (2017, October 5) retrieved 5 May 2021 from <https://medicalxpress.com/news/2017-10-addition-dpp4i-agi-hba1c-t2dm.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.