

# Meeting report

## American Diabetes Association 66th Annual Scientific Sessions

Washington DC, USA, 9–13 June 2006

### Sitagliptin gives same glucose-lowering effect as glipizide

Study results released at the *American Diabetes Association (ADA) 66th Annual Scientific Sessions* show that sitagliptin (Januvia; Merck Sharp & Dohme, Hoddesdon) was non-inferior to glipizide in reducing blood glucose levels when added to metformin monotherapy in people with inadequately controlled type 2 diabetes. The data presented were based on a 52-week study period, with the trial due to continue for another 52 weeks.

This double-blind study randomised 1172 people to receive either once-daily 100 mg sitagliptin (an investigational dipeptidyl peptidase-4 [DPP-4] inhibitor) or glipizide at the

maximum titrated dose. HbA<sub>1c</sub> was observed to decrease by 0.67 percentage points versus baseline in each study arm ( $P < 0.001$ ) and similar proportions of participants achieved HbA<sub>1c</sub>  $< 7\%$  in each group.

However, participants in the sitagliptin group exhibited significant weight loss ( $-1.5$  kg) while the glipizide-treated people gained weight ( $+1.1$  kg;  $P < 0.001$  between treatments). In addition, hypoglycaemic episodes were experienced by a smaller proportion of the sitagliptin group compared with the glipizide-treated group (4.9% versus 32.0%, respectively;  $P < 0.001$ ).

### Phase III data demonstrate efficacy of ruboxistaurin

Analysis of data from two phase III clinical trials presented in Washington demonstrates that use of the investigational protein-kinase-C-beta inhibitor ruboxistaurin mesylate (Arxxant; Eli Lilly, Basingstoke) reduces the relative risk of sustained moderate

vision loss (SMVL) compared with placebo in people with moderate-to-severe non-proliferative diabetic retinopathy.

SMVL occurred in 6.1% of people treated with ruboxistaurin over 3 years compared to 10.2% of those receiving placebo ( $P = 0.011$ ).

### Insulin initiation delayed

Data from a study of UK patient records presented at the ADA meeting show that more than half of a group of 2501 patients delayed starting insulin for at least 4–6 years after their oral therapies failed to be effective.

A statement from Pfizer says that these findings counter the preliminary NICE opinion on inhaled insulin therapy that using injected insulin is 'not usually a concern for the majority of people with diabetes'.

### Campaign for UN resolution on diabetes launched

The International Diabetes Federation (IDF) launched 'Unite for Diabetes' at the ADA meeting, a campaign aiming to highlight the alarming rise of diabetes worldwide and to secure a United Nations resolution on diabetes.

New data from the IDF suggest that more than 230 million people worldwide (nearly 6% of the population) now live with diabetes, with this figure estimated to rise to 350 million by 2025. Despite these alarming statistics, the IDF

says, little political effort has been made to tackle diabetes. Reversing the current trend will require a 'whole-of-government approach and the attention of the international community'.

'The diabetes epidemic will overwhelm healthcare resources everywhere if governments do not wake up and take action now,' said Professor Martin Silink, IDF's President-Elect.

It is hoped that a UN declaration on diabetes will be declared on or around World Diabetes Day 2007.

### Study examines effects of insulin detemir in routine practice

Results from the German cohort of the international PREDICTIVE (Predictable Results and Experience in Diabetes through Intensification and Control to Target: an International Variability Evaluation) study confirm that insulin detemir (Levemir; Novo Nordisk, Crawley) improves glycaemic control and reduces the risk of hypoglycaemia. The new data were released in a poster presentation at the ADA Scientific Sessions.

The results are based on data from 10276 participants taking part in the German arm of the 12-week, prospective, non-interventional, open-label observational study which was

designed to evaluate the safety and efficacy of insulin detemir in routine clinical practice.

The beneficial effects of the insulin were seen regardless of the particular basal insulin treatment that participants were using before switching to insulin detemir, said the investigators. The effects were also noted in people who had not previously used insulin.

Commenting on these results, Dr Malcolm Natrass of University Hospital Birmingham said: 'This insight into how [insulin detemir] is being used in clinical practice to manage diabetes successfully without weight gain is very positive for healthcare professionals and patients alike.'

# Meeting report

## Diabetes UK Annual Professional Conference

Birmingham, UK, 29–31 March 2006

### Control of fasting and postprandial BG is important

Diabetes specialists attending the *Diabetes UK Annual Professional Conference* called for the need to control both fasting blood glucose (FBG) and postprandial blood glucose (PPBG) in people with type 2 diabetes. The comments came during a symposium, sponsored by Lilly, in which delegates debated different strategies used to gain optimum control of type 2 diabetes.

The audience (which comprised GPs, diabetologists and nurses) agreed that both FBG and PPBG are important contributors to overall glycaemic control, and that while patient choice is a vital consideration

when selecting the preferred insulin, as Professor Stephen Gough (Professor of Medicine and Honorary Consultant Physician at the University of Birmingham) said: 'The worst thing we can do is put patients on insulin and they don't achieve glycaemic control.'

Clinical studies have indicated that insulin regimens that regulate FBG and PPBG levels can provide tighter control of diabetes than regimens that focus on FBG alone. Tight glycaemic control in people with type 2 diabetes has been shown to reduce the risk of long-term complications associated with diabetes.

### Weight loss drug helps people get onto transplant list

According to research presented in Birmingham, orlistat (Xenical; Roche, Welwyn Garden City) can help improve cardiometabolic risk factors, including diabetes, in obese Asian people and in those with chronic kidney disease.

A study demonstrated that treatment with orlistat led to significant reductions in weight and improvements in inflammatory markers, such as adiponectin and endotoxin. Professor Sudhesh Kumar, from the University

of Warwick, said the results of this study were particularly promising in light of the high rates of obesity and associated co-morbidities among British Asian people.

A second study focused on achieving weight loss in obese people with chronic kidney disease, some of whom had type 2 diabetes, in order to become eligible for renal transplant. One-fifth of study participants achieved sufficient weight loss to be listed for the transplantation.

### Majority of people worried about long-term drug effects

In a study exploring the relationship between beliefs about medication, personal models of care and adherence of people with type 2 diabetes to their medication, it was found that, of 113 participants with type 2 diabetes, 90% believed

that the specific medicines prescribed for their diabetes were effective and necessary. However, 60% were worried about the potential long-term effects of the medications, and 25% felt that some medications were over-prescribed by doctors.

### Call made for foot care plans to be put in place

Research presented at the conference on the care of people with diabetes prior to lower limb amputation found that over a third did not have any kind of diabetes review to assess diabetes management and development of other complications before amputation.

Baldev Singh (Consultant Physician, Wolverhampton), who carried out the research, said: 'This research clearly shows that care for high-risk patients is inadequate. Mandatory foot care plans should be put in place to ensure that all people get the right care and education.'

Of approximately 430 posters presented at the *Diabetes UK Annual Professional Conference*, ten were shortlisted for the *Diabetes and Primary Care* award for the most innovative in the Clinical Care category. Lakshminarayanan Varadhan and colleagues won the prize for their poster titled 'Alphabet strategy – Indian application for diabetes (ASAIID project): A European strategy applied in outpatient setting in Asia' (poster number 294).

The award of a certificate and a cheque for £500 was

presented by Paul Shepherd, Managing Editor of the journal.



Paul Shepherd (right) presenting Lakshminarayanan Varadhan, the winner of the poster award, with his certificate.