Meetings

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_{1c} 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_{1c} <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 DC 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 10 276 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 Nattrass 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.'

Skipping breakfast linked to increased risk of obesity

Investigators from Santa Barbara, California, reported the results of a cross-sectional study showing that skipping breakfast was associated with a rate of obesity similar to that associated with having a family history of diabetes.

Adolescents (n=2701) from two high schools participated in the study, which involved a physical examination and lifestyle questionnaire which asked if breakfast was eaten on school days.

In an age-, sex- and ethnicity-controlled logistical analysis, breakfast skipping and family history of diabetes were each significantly linked to obesity (odds ratios [ORs] 1.87 and 2.26, respectively).

The investigators reported that obesity could have resulted from breakfast skipping, or the students could have skipped breakfast in an attempt to lose weight. However, they concluded, breakfast could be of major importance to obesity prevention, as it is a potentially modifiable lifestyle factor.

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International endorsement for UK diabetes strategy

A poster from a group in Coventry, UK, outlined the results of a questionnaire collected from 179 diabetes centres in 32 different countries, assessing the possibility of these centres implementing the investigators' 'Alphabet Strategy' to diabetes care.

The strategy is based on the mnemonic Advice, Blood pressure, Cholesterol, Diabetes control, Eyes, Feet and Guardian drugs.

Nearly 90 % of the survey respondents thought the strategy was practical, and 85 % agreed that it was evidence-based. Overall, nearly 70 % of respondents felt that they were likely to adopt it in their own area.

Continuous glucose monitoring system safe and efficacious

The results of two studies examining a continuous glucose monitoring system (FreeStyle Navigator; Abbott Laboratories Ltd, Maidenhead), presented during poster sessions in Washington DC, show that it is accurate, safe and efficacious.

The first study, which examined the system's use in 30 children (mean age 11 years) with type 1 diabetes in both inpatient and outpatient settings, concluded that the system's accuracy and precision were sustained for up to 5 days of use and were similar in different insertion locations (arm, abdomen or hip).

The second study examined the use of the system in the home environment in 123 people with type 1 or type 2 diabetes. The overall mean difference between values from the continuous monitoring system and simultaneous reference blood glucose values was 14.4 ± 13.4 %. In a Clark error-grid analysis, 96.8 % of the system's values fell in zone A (meaning that the results were clinically accurate and consistent with the laboratory reference values).

'These data are promising and suggest the potential value of [the system] in the management of type 1 diabetes both in children and adults,' said Peter Chase, Professor of Paediatrics at the University of Colorado Health Sciences Center.

Type 2 diabetes increases Parkinson's disease risk

Investigators from Finland reported the results of a study of over 51 000 men and women which found that type 2 diabetes is a significant risk factor for the development of Parkinson's disease.

The researchers examined a cohort of people aged 25–74 years without a history of Parkinson's disease at baseline. During a mean follow-up period of 18.0 years and 927 736 person-years, over 630 people developed the condition. In people with a history of diabetes at baseline, the sex- and multivariate-adjusted hazard ratio of developing Parkinson's disease was 1.78 (95 % confidence interval, 1.18–2.70) compared to those people without diabetes.

This association was observed in sub-groups aged 25–44 years and those aged 45–54 years, in both sexes and in people who smoked and people who had never smoked.

Antidepressants and diabetes

A sub-analysis of the Diabetes Prevention Programme, reported in a poster presentation at the meeting, found that the use of antidepressant drugs was associated with the development of type 2 diabetes in people already at risk of the condition.

This effect was observed in those people also receiving placebo or undertaking lifestyle intervention, but interestingly was not seen in those taking metformin.

Depression at baseline did not predict development of diabetes.