

# Study highlights third-line treatment options for T2DM

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Photo: U.S. National Kidney and Urologic Diseases Information Clearinghouse

(HealthDay)—Treatment escalation options have different efficacy following failure of exenatide or glimepiride added to metformin in patients with type 2 diabetes mellitus, according to a study published online April 1 in *Diabetes, Obesity and Metabolism*.

Guntram Schernthaner, M.D., from Rudolfstiftung Hospital in Vienna, and colleagues assessed third-line thiazolidinedione or [glimepiride](#) therapy in 144 patients inadequately controlled on metformin + exenatide twice daily, and third-line exenatide twice daily in 166 patients inadequately controlled on metformin + glimepiride. The authors assessed changes in hemoglobin A1c (HbA1c), [body mass index](#) (BMI),

lipids, hypoglycemia, and vital signs.

The researchers found that add-on thiazolidinedione decreased HbA1c significantly better than add-on glimepiride among patients inadequately controlled on metformin + exenatide (130-week difference, 0.48 percent;  $P = 0.001$ ), but there were significant increases in BMI and [systolic blood pressure](#). For add-on glimepiride to add-on thiazolidinedione, the ratio of documented systolic hypoglycemia rates was 8.48 ( $P$

"Future studies should examine various other potential treatment combinations, doses, and sequences to help define optimal triple therapy," the authors write.

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