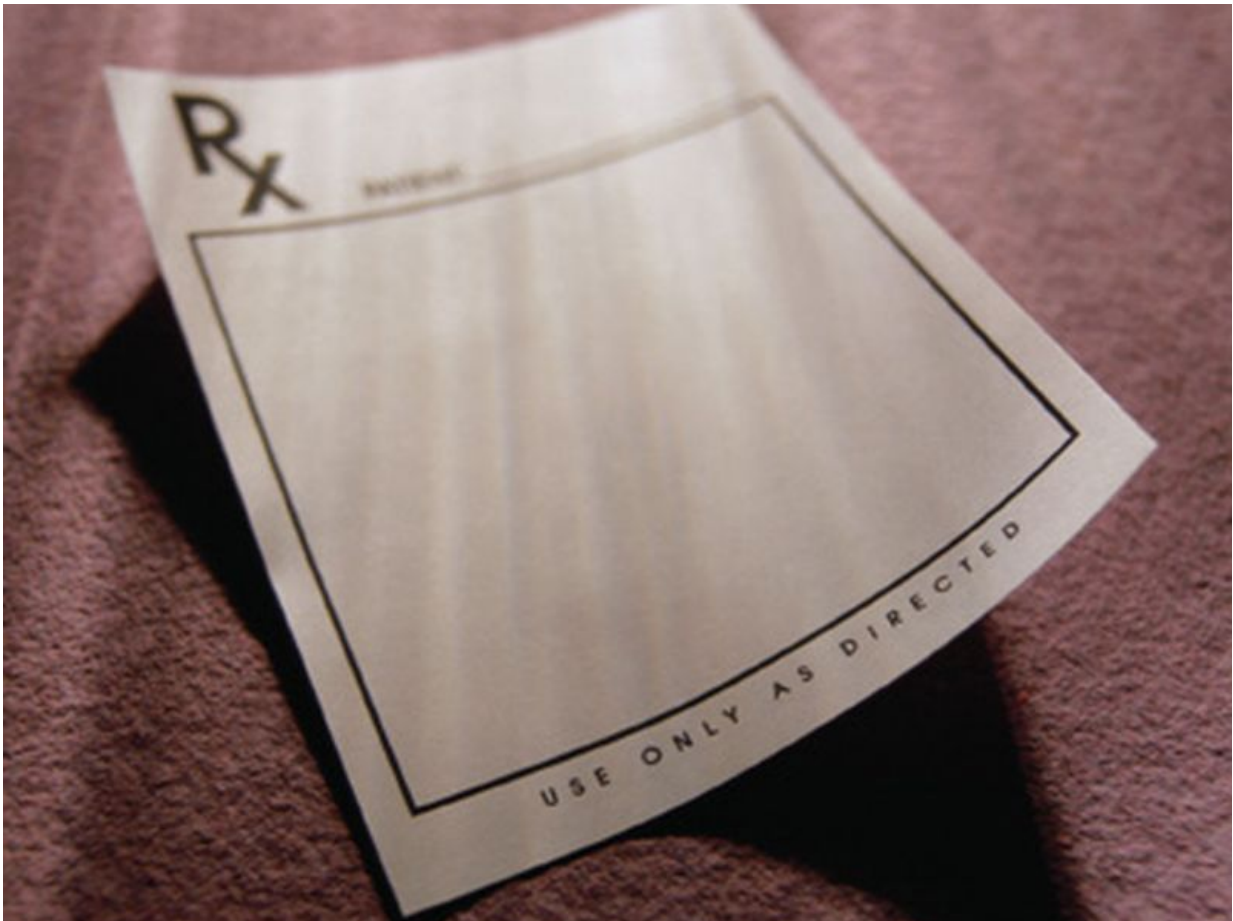


Antihyperglycemic medication prescribing trends are changing

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(HealthDay)—Trends indicate a reduction in glyburide and

thiazolidinedione prescriptions and increases in gliclazide and dipeptidyl peptidase-4 inhibitor prescriptions among older adults with diabetes and chronic kidney disease, according to a study published online March 4 in *Diabetes, Obesity and Metabolism*.

Kristin K. Clemens, M.D., from Western University in London, Canada, and colleagues conducted a population-based study involving 144,252 [older adults](#) with diabetes and chronic [kidney disease](#). The proportion of treated and newly treated patients prescribed insulin, sulphonylureas, alpha glucosidase inhibitors, metformin, thiazolidinediones, meglitinides, and dipeptidyl peptidase-4 inhibitors was examined in each study quarter (from April 1, 2004, through March 31, 2013). Prescription trends were further examined by stage of chronic kidney disease.

The researchers found that the predominant therapy prescribed was metformin (prescribed to 56.1 percent of treated patients). Decreases were seen in glyburide (glibenclamide) and thiazolidinedione prescriptions, while there were increases in gliclazide and dipeptidyl peptidase-4 inhibitor prescriptions. Glyburide was prescribed for up to 48.6 percent of patients with stage 3a to 5 chronic kidney disease or on chronic dialysis, while metformin was prescribed for up to 27.6 percent of those with stage 4 or 5 disease or on [chronic dialysis](#).

"In patients with [chronic kidney disease](#), there were trends towards safer antihyperglycemic medication prescribing," the authors write. "A considerable number of patients, however, continue to receive medications that should be avoided."

Two authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)
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