

Adherence to T2DM treatment varies across medication classes

December 4 2017



(HealthDay)—There is considerable variation in adherence across

medication classes for the treatment of type 2 diabetes (T2D), according to a review published online Nov. 14 in *Diabetes, Obesity and Metabolism*.

Andrew McGovern, B.M.B.S., from the University of Surrey in Guildford, U.K., and colleagues conducted a systematic literature review of observational studies comparing medication [adherence](#) or persistence between two or more glucose-lowering medications in individuals with T2D. Data were included for 48 studies.

The researchers found that adherence was better for sulfonylureas and thiazolidinediones compared with metformin (mean difference, 10.6 percent [95 percent confidence interval [CI], 6.5 to 14.7 percent] and 11.3 percent [95 percent CI, 2.7 to 20.0 percent], respectively). Compared with sulfonylureas, thiazolidinedione adherence was marginally better (mean difference, 1.5 percent; 95 percent CI, 0.1 to 2.9 percent). Adherence was better for dipeptidyl peptidase-4 inhibitors than sulfonylureas and thiazolidinediones. Compared with long-acting analogue insulins, glucagon-like peptide-1 receptor agonists had a higher odds ratio for discontinuation (1.95 [95 percent CI, 1.17 to 3.27]). Better persistence was seen for long-acting insulin analogues versus human insulins (mean difference, 43.1 days [95 percent CI, 22.0 to 64.2 days]). There was considerable variability in the methods for defining adherence and persistence.

"Adherence varies considerably across different [medication](#) classes used for the treatment of T2D," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)
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Citation: Adherence to T2DM treatment varies across medication classes (2017, December 4)
retrieved 24 April 2024 from

<https://medicalxpress.com/news/2017-12-adherence-t2dm-treatment-varies-medication.html>

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