DPP4 inhibitors do not up risk of inflammatory bowel disease

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(HealthDay)—Short-term use of a dipeptidyl peptidase 4 inhibitor

(DPP4i) for the treatment of diabetes does not increase the risk of inflammatory bowel disease (IBD), according to a study published online Aug. 30 in *Diabetes Care*.

Tiansheng Wang, Pharm.D., from the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill, and colleagues used two U.S. administrative claims databases for commercially insured (MarketScan) and older adult (Medicare fee-for-service; 20 percent random sample) patients (January 2007 to December 2016) to identify patients, aged ≥18 years, who initiated DPP4i versus sulfonylureas (SUs) or initiated DPP4i versus thiazolidinediones (TZDs). The association between new use of DPP4i and IBD risk was compared with other second-line antihyperglycemics.

The researchers identified 895,747 eligible patients initiating a DPP4i, SU, or TZD. IBD incidence rates ranged from 11.6 to 32.3 per 100,000 person-years. Over a median treatment duration of 1.09 to 1.69 years, there was no association observed between DPP4i use and increased IBD risk across comparisons. The pooled adjusted hazard ratios for IBD were 0.82 (95 percent confidence interval, 0.41 to 1.61) when comparing DPP4i to SU and 0.76 (95 percent confidence interval, 0.46 to 1.26) when comparing DPP4i to TZD.

"This finding should be reassuring to physicians and patients who are considering the potential benefits and risks of DPP4i," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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