Medical Xpress

PSA levels no different with exposure to antidiabetes meds

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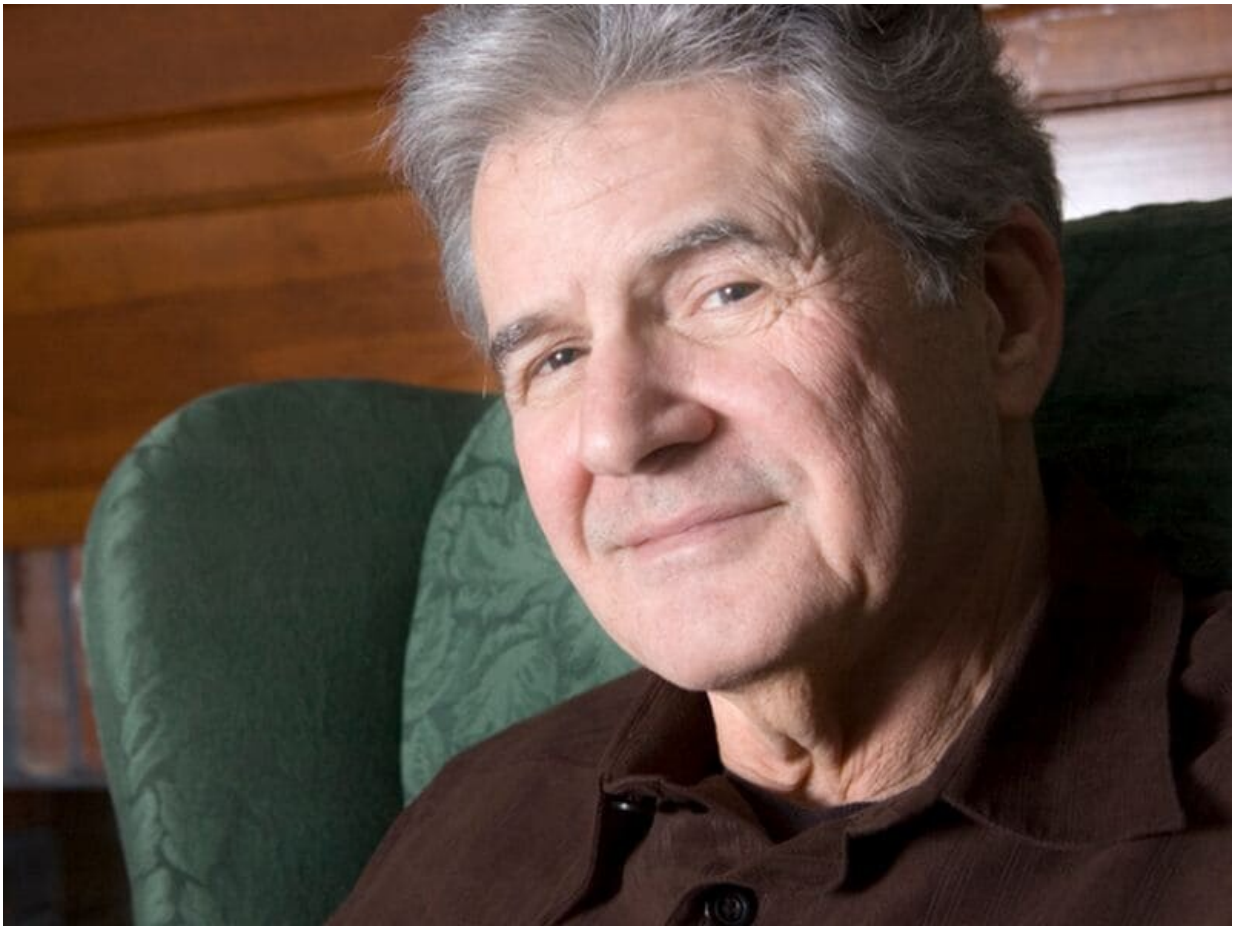

(HealthDay)—Men exposed to antidiabetic medications do not have

different prostate-specific antigen (PSA) levels, and prostate cancer detection rates at biopsy do not differ regardless of trigger PSA levels, according to a study published online Nov. 6 in *JAMA Network Open*.

Kerri Beckmann, Ph.D., from King's College London, and colleagues examined the correlations of antidiabetic medication use with PSA levels and prostate cancer detection at biopsy using data from 564,666 men, including 4,583 exposed to metformin, 1,104 to sulfonylurea, and 978 to insulin, and data from age-matched unexposed men.

The researchers found that compared with unexposed men, exposed men had lower median PSA levels before starting antidiabetic medications (1.2 versus 1.6 ng/mL). Following exposure to antidiabetic medication, PSA levels did not vary from those of unexposed men after accounting for baseline differences. Those receiving metformin and sulfonylurea had a higher frequency of PSA testing (rate ratio, 1.07 and 1.06, respectively), while frequency of testing was lower for those receiving insulin (rate ratio, 0.79). Among men receiving metformin and insulin, the likelihood of biopsy after elevated PSA was lower (odds ratios, 0.87 and 0.83, respectively). Regardless of the PSA levels that triggered biopsy, there were no differences in prostate cancer detection at biopsy.

"Clinicians can continue to use similar PSA thresholds when considering prostate biopsy in men with or without exposure to diabetes medications," write the authors of an accompanying editorial.

More information: Abstract/Full Text
Editorial

Citation: PSA levels no different with exposure to antidiabetes meds (2019, November 7)