

Add-on sitagliptin cuts risk of insulin initiation in T2DM

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(HealthDay)—For patients with type 2 diabetes mellitus (T2DM) treated with metformin, add-on sitagliptin is associated with a lower risk of insulin initiation than add-on sulphonylurea, according to a study published in the October issue of *Diabetes, Obesity and Metabolism*.

Silvio E. Inzucchi, M.D., from the Yale University School of Medicine in New Haven, Conn., and colleagues conducted a [retrospective cohort study](#) to examine time to insulin initiation among patients with T2DM treated with sitagliptin versus sulphonylurea as an add-on to [metformin](#). Participants were aged 18 years and older with continuous medical records and an initial prescription of sitagliptin or sulphonylurea with metformin for 90 days or more during 2006 to 2013. A total of 3,864 propensity-score-matched pairs were analyzed.

The researchers found that the risk of insulin initiation was lower for sitagliptin users versus sulphonylurea users over six years (26.6 versus 34.1 percent). After adjustment for baseline characteristics, the findings persisted (hazard ratio, 0.76; 95 percent confidence interval, 0.65 to 0.9). Compared with sulphonylurea users, sitagliptin users were less likely to initiate insulin in

conditional logistic regression analyses.

"In this real-world matched cohort study, patients with T2DM treated with sitagliptin had a significantly lower risk of insulin initiation compared with [patients](#) treated with sulphonylurea, both as add-on to metformin," the authors write.

Several authors disclosed financial ties to pharmaceutical companies, including Merck, the manufacturer of sitagliptin.

More information: [Abstract](#)
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