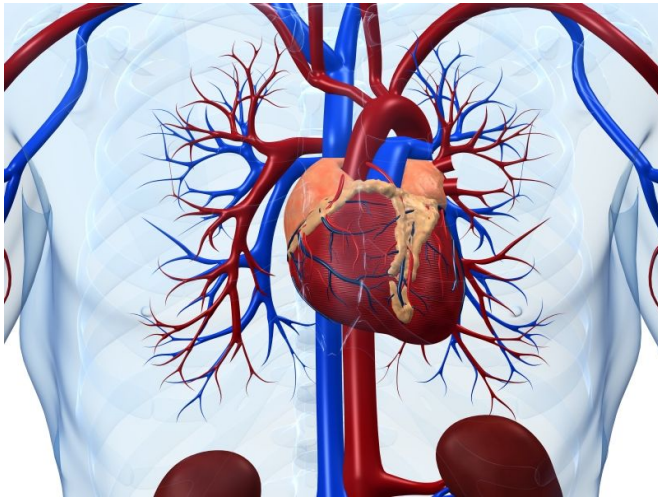


# Impact of T2DM meds on heart failure hospitalization explored

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patients without baseline CVD. For saxagliptin versus sitagliptin (reference), the hazard ratios for hospitalization for heart failure were 0.95 (95 percent CI, 0.70 to 1.28; P = 0.712) for patients with baseline CVD and 0.99 (95 percent CI, 0.56 to 1.75; P = 0.972) for patients without baseline CVD.

"In [patients](#) with type 2 diabetes, there was no association between hospitalization for [heart failure](#), or other selected cardiovascular outcomes, and treatment with a DPP-4i relative to SU or treatment with saxagliptin relative to sitagliptin," the authors write.

Several authors disclosed financial ties to Truven Health Analytics and pharmaceutical companies, including AstraZeneca, which funded the study.

**More information:** [Abstract](#)  
[Full Text \(subscription or payment may be required\)](#)

(HealthDay)—For patients with type 2 diabetes, there is no association between hospitalization for heart failure and treatment with dipeptidyl peptidase-4 inhibitors (DPP-4is) versus sulfonylureas (SUs) or treatment with saxagliptin versus sitagliptin, according to a study published online Jan. 6 in *Diabetes Care*.

Alex Z. Fu, Ph.D., from the Georgetown University Medical Center in Washington, D.C., and colleagues conducted an observational study using a U.S. insurance claims database. They examined the correlation between hospitalization for heart failure and treatment with DPP-4i versus SU (218,556 patients), and treatment with saxagliptin versus sitagliptin (112,888 patients).

The researchers found that for DPP-4i versus SU (reference), the hazard ratios for hospitalization for heart failure were 0.95 (95 percent confidence interval [CI], 0.78 to 1.15; P = 0.580) for patients with baseline cardiovascular disease (CVD) and 0.59 (95 percent CI, 0.38 to 0.89; P = 0.013) for

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