

Varying safety of add-on second-line T2DM treatments

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basal insulin and lower for TZD compared with SU (hazard ratios, 1.18 and 0.76, respectively). Significantly lower risks of cardiovascular disease, fatal cardiovascular disease, coronary heart disease, fatal [coronary heart disease](#), and [congestive heart failure](#) were seen for DPP-4i.

"This nationwide observational study showed that second-line treatment with TZD and DPP-4i as add-on medication to metformin were associated with significantly lower risks of mortality and [cardiovascular events](#) compared with SU, whereas basal insulin was associated with a higher risk of mortality," the authors write.

One author is employed by the Swedish Medical Products Agency. Two authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)

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(HealthDay)—For patients with type 2 diabetes who are taking metformin, the risk of cardiovascular events and mortality varies with the addition of different second-line therapies, according to a study published online June 10 in *Diabetes, Obesity and Metabolism*.

Nils Ekström, M.D., Ph.D., from the University of Gothenburg in Sweden, and colleagues examined the relative safety of glucose-lowering agents as add-on medication to metformin in type 2 diabetes. Patients on metformin therapy who started another agent were eligible for inclusion; data were obtained for 20,422 patients during the period of 2005 to 2012.

The researchers found that 43, 21, 12, 11, 10, 1, and 1 percent of patients started on second-line treatment with sulfonylurea (SU), [basal insulin](#), thiazolidinedione (TZD), meglitinide, dipeptidyl peptidase-4 inhibitor (DPP-4i), glucagon-like peptide-1 receptor agonist, and acarbose, respectively. The risk of mortality was higher for

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