

Risk of low blood sugar differs among similar diabetes drugs

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Adding sulphonylureas (SUs) to metformin remains a commonly used strategy for treating type 2 diabetes, but individual SUs differ and may confer different risks of abnormally low blood sugar, or hypoglycemia. SUs—which include newer generation agents such as gliclazide, glipizide, glimepiride, and glibenclamide—stimulate the production of insulin in the pancreas and increase the effectiveness of insulin in the body.

A new systematic review of [randomized clinical trials](#) lasting 12 to 52 weeks found that when added to metformin, gliclazide confers the lowest risk of [hypoglycemia](#) compared with glipizide, glimepiride, and glibenclamide.

"Risk of hypoglycemia with the SU agents makes the newer and more expensive antidiabetics preferable when metformin monotherapy fails. However, our data indicate that the risk of hypoglycemia differs between the SU agents," said Dr. Stig Ejdrup Andersen, co-author of the *British Journal of Clinical Pharmacology* analysis. "Thus, prescribing an SU with low risk of hypoglycemia might still be a rational and affordable alternative to many patients with type 2 diabetes."

More information: S. E. Andersen et al, Hypoglycaemia when Adding Sulphonylurea to Metformin: A Systematic Review and Network Meta-analysis, *British Journal of Clinical Pharmacology* (2016). [DOI: 10.1111/bcp.13059](https://doi.org/10.1111/bcp.13059)

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