

Sequential empagliflozin, linagliptin diabetes Tx effective

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of linagliptin further improved postprandial glucose levels, most likely due to a marked reduction in postprandial glucagon concentrations. The insulin response to an intravenous glucose load improved in both TPs.

"After metformin failure, sequential treatment escalation with empagliflozin and linagliptin is an attractive treatment option due to additive effects on postprandial [glucose](#) control, most probably mediated by complementary effects on alpha- and beta-cell function," the authors write.

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

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(HealthDay)—After metformin failure, sequential treatment escalation with empagliflozin and linagliptin is an effective diabetes treatment option due to additive effects on postprandial glucose control, according to a study published online Dec. 23 in *Diabetes, Obesity and Metabolism*.

Thomas Forst, M.D., from Johannes Gutenberg University in Mainz, Germany, and colleagues conducted an open-label trial ([treatment](#) period [TP] 1) in which 44 patients with type 2 [diabetes](#) received 25 mg empagliflozin for one month. In TP 2, patients were randomized to a double-blind add-on therapy with linagliptin 5 mg or placebo for another month. A standardized liquid meal test and an intravenous glucose challenge were used to assess alpha- and beta-cell function.

The researchers found that in TP 1, empagliflozin reduced fasting and postprandial plasma [glucose levels](#), correlating with a significant reduction in postprandial insulin levels and an improvement in the conversion rate of proinsulin. In TP 2, addition

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