

Glyburide, metformin have similar effect in gestational DM

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compared with the glyburide group (87 versus 50 percent, respectively). In the glyburide and metformin groups, 17 and 4 percent of patients, respectively, were eventually treated with insulin. The need for insulin was reduced from 32 to 11 percent of patients with the combination of the drugs. Mean daily [blood glucose](#), macrosomia, neonatal hypoglycemia, and electrolyte imbalance were comparable between the groups.

"Their combination demonstrates a high efficacy rate with a significantly reduced need for insulin, with a possible advantage for [metformin](#) over glyburide as first-line therapy," the authors write.

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(HealthDay)—For patients with gestational diabetes mellitus (GDM), glyburide and metformin are comparable in terms of glucose control and safety, according to a study published online Jan. 11 in *Diabetes Care*.

Zohar Nachum, M.D., from Emek Medical Center in Afula, Israel, and colleagues randomized patients with GDM at 13 to 33 weeks' gestation whose blood glucose was poorly controlled by diet to receive glyburide or metformin (53 and 51 patients, respectively). The other drug was added if optimal glycemic control was not achieved. If [adverse effects](#) occurred, the drug was replaced. Insulin was added if both treatments failed.

The researchers found that glyburide failed in 18 patients due to adverse effects and lack of glycemic control (six and 12 patients, respectively). Metformin failed in 15 patients due to adverse effects and lack of [glycemic control](#) (one and 14 patients, respectively). The metformin group had higher treatment success after second-line therapy

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