

Clinical evidence synopsis published for T2DM

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"Future [randomized clinical trials](#) could address the effect of adding oral hypoglycemic agents to insulin therapy for the outcomes of diabetes-related morbidity and mortality, all-cause mortality, and quality of life," the authors write.

The authors disclosed ties to the pharmaceutical industry.

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

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(HealthDay)—Adding a sulfonylurea or metformin to insulin is associated with approximately a 1 percent reduction in hemoglobin A1c (HbA1c), and addition of a sulfonylurea (but not metformin) is associated with more hypoglycemic events, according a clinical evidence synopsis published online Oct. 17 in the *Journal of the American Medical Association*.

Rimke C. Vos, Ph.D., and Guy E.H.M. Rutten, M.D., Ph.D., from University Medical Center Utrecht in the Netherlands, summarized a research review of studies that examined the effect of the addition of oral hypoglycemic agents among patients with type 2 diabetes who do not achieve optimal glycemic control with insulin monotherapy.

The researchers found that adding a sulfonylurea to insulin was correlated with more hypoglycemic events than insulin alone; this was not seen for metformin. There was an approximate 1 percent decrease in HbA1c with the addition of a sulfonylurea or [metformin](#) to insulin.

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