Guidance on the use of glitazones for the treatment of type 2 diabetes

Record Status
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Citation

Authors' objectives
To provide guidance on the use of glitazones for the treatment of type 2 diabetes. This guidance replaces Technology Appraisal Guidance No.9 issued in August 2000 and Technology Appraisal Guidance No.21 issued in March 2001.

Authors' conclusions
Guidance:

1.1 For people with type 2 diabetes, the use of a glitazone as second-line therapy added to either metformin or a sulphonylurea - as an alternative to treatment with a combination of metformin and a sulphonylurea - is not recommended except for those who are unable to take metformin and a sulphonylurea in combination because of intolerance or a contraindication to one of the drugs. In this instance, the glitazone should replace in the combination the drug that is poorly tolerated or contraindicated.

1.2 The effectiveness of glitazone combination therapy should be monitored against treatment targets for glycaemic control (usually in terms of haemoglobin A1c [HbA1c] level) and for other cardiovascular risk factors, including lipid profile. The target HbA1c level should be set between 6.5% and 7.5%, depending on other risk factors.

1.3 The present UK licence does not allow the Institute to recommend the use of glitazones in triple combination therapy (with other oral antidiabetic agents), as monotherapy, or in combination with insulin. The use of a glitazone in triple combination (with other oral antidiabetic agents) is classified in the licence under special warnings and special precautions for use. This precaution is based on the fact that at the time the licence was issued there was no clinical experience of triple combination therapy. When this guidance is reviewed the recommendations will take into account any extensions to the licence for the use of glitazones.

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