Guidance on rosiglitazone for Type 2 diabetes mellitus

National Institute for Clinical Excellence

Record Status
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
To provide guidance on the use of rosiglitazone for Type 2 diabetes mellitus.

Authors' conclusions
Guidance 1.1 Rosiglitazone is effective at reducing blood glucose when added to oral monotherapy (metformin or sulphonylurea) for patients who have inadequate control of blood glucose on these conventional agents alone.

1.2 Patients with inadequate blood glucose control on oral monotherapy (metformin or sulphonylurea) should first be offered metformin and sulphonylurea combination therapy, unless there are contraindications or tolerability problems.

1.3 Patients who are unable to take metformin and sulphonylurea combination therapy, and patients whose blood glucose remains high despite adequate trial of this treatment, should be offered rosiglitazone combination therapy as an alternative to injected insulin.

1.4 The combination of rosiglitazone plus metformin is preferred to rosiglitazone plus sulphonylurea, particularly for obese patients. Rosiglitazone plus sulphonylurea may be offered to patients who show intolerance to metformin or for whom metformin is contraindicated.

1.5 As with any glucose-lowering medications, patients who are prescribed rosiglitazone should be monitored against treatment targets for blood glucose and for other cardiovascular risk factors, including lipid profile.

1.6 Rosiglitazone should be used in accordance with the manufacturer’s recommendations. Presently these advise that liver function tests should be performed before initiation of therapy with rosiglitazone, then every two months for the first twelve months after commencement of treatment, and periodically thereafter. Rosiglitazone should not be used in patients with a history of cardiac failure, hepatic impairment or severe renal insufficiency. The manufacturer’s recommendations in the Summary of Product Characteristics state that rosiglitazone is contraindicated for use in combination with insulin. Rosiglitazone is not licensed for monotherapy or for use in patients who have previously been treated with diet and exercise alone. There is no clinical experience with rosiglitazone in triple combination with other oral glucose lowering drugs.

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