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1

Welke behandelstrategie bij obese type 2 patiënten: GLP-1 agonist !



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2

Duality of interest

- Research grants, advisory boards and clinical trial participation in the field of endocrine diseases and diabetes mellitus:
 - Alteon Inc
 - Astra Zeneca
 - Eli Lilly
 - Novartis
 - Pfizer
 - Roche
 - Amylin / BMS
 - AMGEN
 - Becton Dickinson
 - Glaxo Smith Kline
 - Novo Nordisk
 - Merck
 - Sanofi Aventis
 - Boehringer Ingelheim
- BMI 24,4 kg/m², waist circumference 98 cm
- Positive family history for T2DM

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3

Disclaimer

Deze presentatie is:

- combinatie van informatie en discussie, om u te laten nadenken over de achtergronden van de behandeling van type 2 diabetes en obesitas
- op uitdrukkelijk verzoek van de Stichting Langerhans
- NIET BEDOELD om te zorgen dat u meer DPP4 remmers of GLP1 agonisten gaat voorschrijven

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4

Over welke populatie hebben we het?




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5

Over welke populatie hebben we het?



Categories of Weight

Normal	Overweight	Obese	Severely Obese	Morbidly Obese
BMI 18.5 – 24.9	BMI 25 – 29.9	BMI 30 – 34.9	BMI 35 – 39.9	BMI ≥ 40



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6

Progressie van type 2 diabetes maakt de behandeling steeds complexer

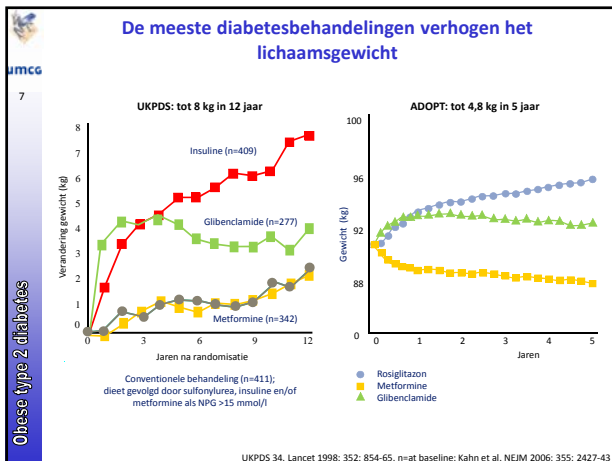


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  graph TD
    Lifestyle[Lifestyle] --> Metformine[Metformine]
    Metformine --> MF[MF + gliclazide]
    MF --> Insuline[Insuline]
  
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NHG standaard:
 In voorkomende gevallen kan als volgende stap een keuze worden gemaakt uit één van de overige middelen (waarbij alleen voor acarbose de lange termijn veiligheid is onderbouwd).

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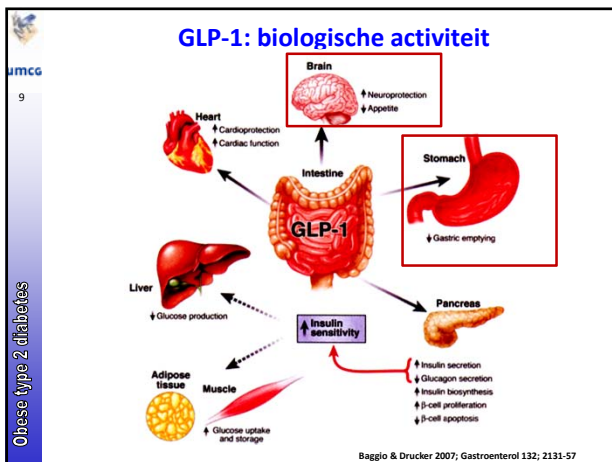
Je niet houden aan de NHG standaard als je in Zwolle bent, is als

Maar, waar houden onze patiënten niet van?

1. zwaarder worden door medicatie (98%)
2. hypo's (95%)

28. spruitjes (20%)

Dus toch GLP1-agonist??



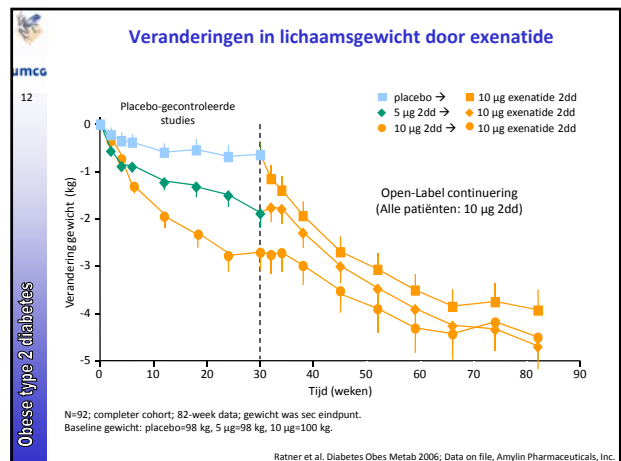
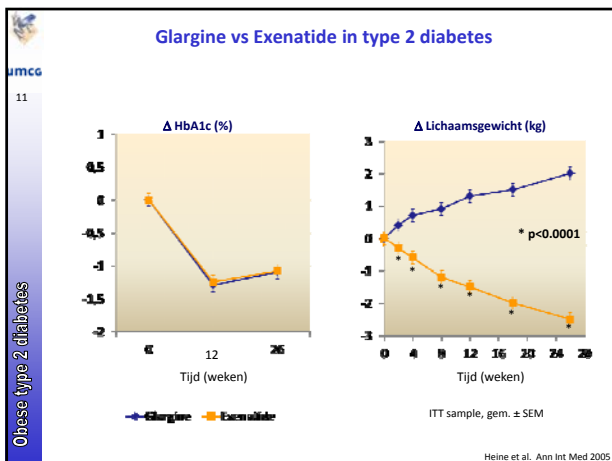
GLP-1 analogen / incretine mimetica

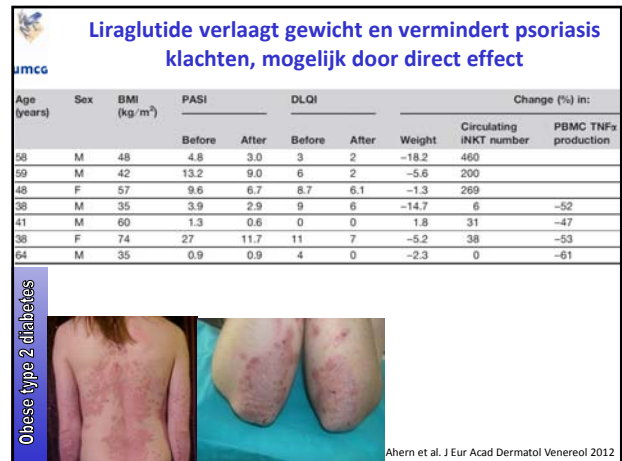
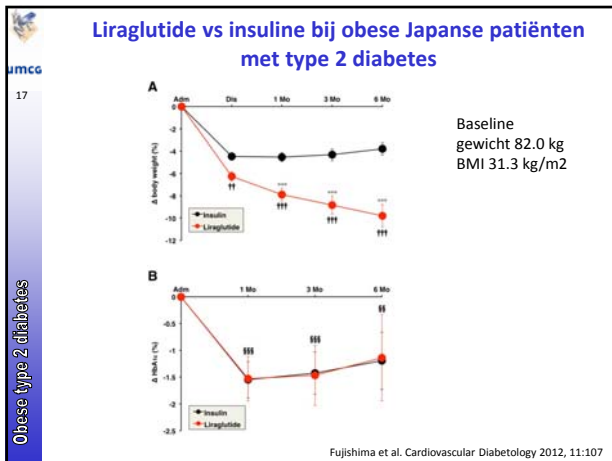
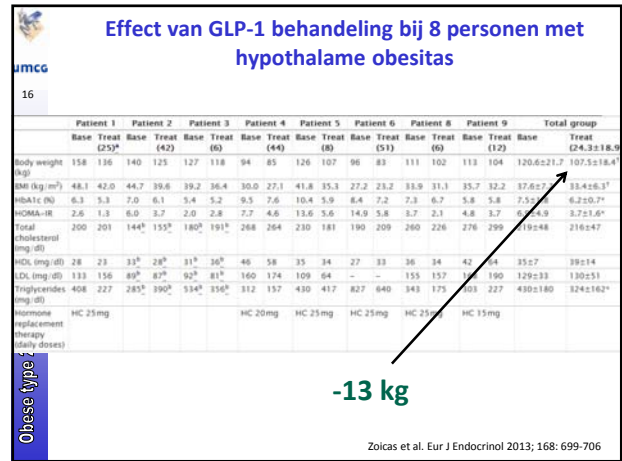
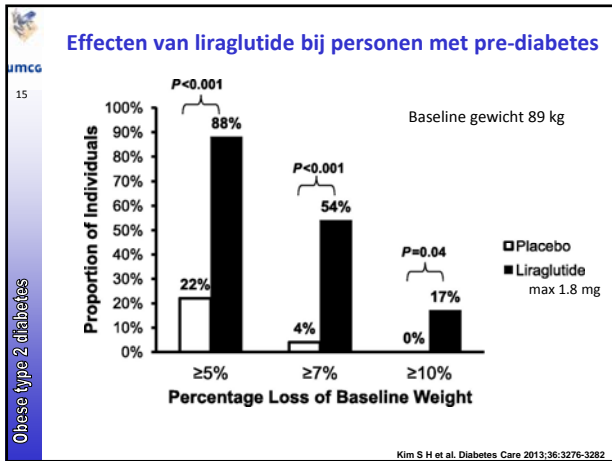
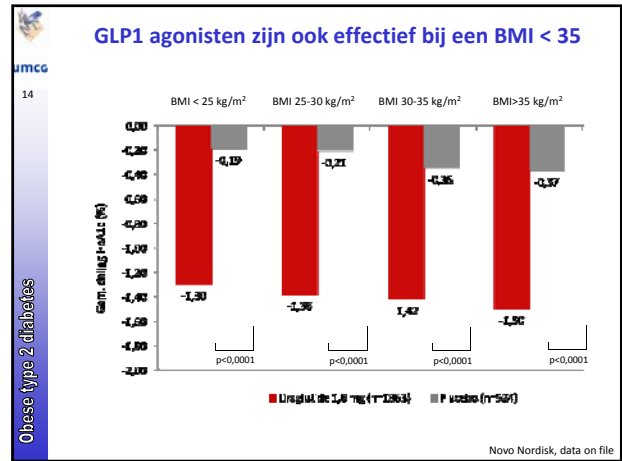
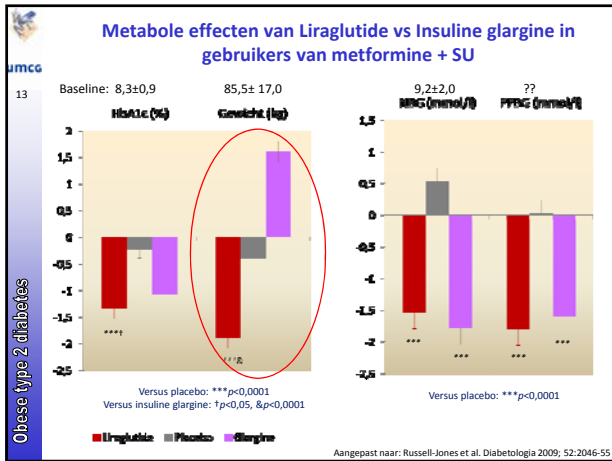
Exenatide (Exendin-4)

- Synthetische versie van een eiwit uit speeksel van het Gila monster
- 50% identiek aan humaan GLP-1
- Niet geïnactiveerd door DPP-4

Liraglutide

- GLP-1 met vetzuurketen er aan
- in bloed gebonden aan albumine
- 97% overeenkomst met humaan GLP-1





BMJ 2013;346:f3680 doi: 10.1136/bmj.f3680 (Published 10 June 2013) Page 1 of 9

FEATURE

DIABETES DRUGS

Has pancreatic damage from glucagon suppressing diabetes drugs been underplayed?

Incretin mimetics have been called "the darlings of diabetes treatment" and they may soon also be licensed for treating obesity. But a *BMJ* investigation has found growing safety concerns linked to the drugs' mechanism of action. **Deborah Cohen** asks why patients and doctors have not been told.

Deborah Cohen *investigations editor*

BMJ, London WC1H 9JR, UK

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1 of 9

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Investigation into GLP-1-based diabetes therapies concluded

26/02/2013

Investigation into GLP-1 based diabetes therapies concluded

No new concerns for GLP-1 therapies identified on the basis of available evidence

The European Medicines Agency's Committee for Medicinal Products for Human Use (CHMP) has finalised a review of GLP-1-based diabetes therapies. The Committee concluded that presently available data do not confirm recent concerns over an increased risk of pancreatic adverse events with these medicines.

Deborah Cohen *investigations editor*

BMJ, London WC1H 9JR, UK

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21

Meer gegevens onderweg

- Two pharmacoepidemiological trials to be completed
 - OptumInsight (US) and Clinical Practice Research Datalink (UK)
- LEADER® (NCT01179048) bestudeert veiligheid op gebied van pancreas in 9,340 patiënten gedurende 5 jaar

Liraglutide Effect and Action in Diabetes: Evaluation of Cardiovascular Outcome Results - A Long Term Evaluation (LEADER®)

This study is ongoing, but not recruiting participants. ClinicalTrials.gov Identifier: NCT01179048

Effect of Liraglutide on Body Weight in Non-diabetic Obese Subjects or Overweight Subjects With Comorbidities: SCALE™ - Obesity and Pre-diabetes

This study is ongoing, but not recruiting participants. ClinicalTrials.gov Identifier: NCT01272219

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22

Lopende onderzoeken met incretine-gebaseerde behandeling

Medication	Study Name	ClinicalTrials.gov Identifier	Comparator	Estimated Number of Subjects
DPP-4 Inhibitors				
Alogliptin	EXAMINE	NCT00968708	Placebo	5,400
Linagliptin	CAROLINA	NCT01243424	Glimepiride	6,000
Saxagliptin	SAVOR-TIMI53	NCT01107886	Placebo	16,500
Sitagliptin	TECOS	NCT00790205	Placebo	14,000
GLP-1 Receptor Agonists				
Duraglutide	REWIND	NCT01394952	Placebo	9,622
Evenatide	EXSCEL	NCT01144338	Placebo	9,500
Liraglutide	LEADER	NCT01179048	Placebo	9,340
Lixisenatide	ELIXA	NCT01147250	Placebo	6,000

Source: ClinicalTrials.gov accessed on 27 March 2013

Kahn S. Diabetes 2013, on line

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23

Nadelen van chirurgie

GASTRIC BYPASS SURGERY COMPLICATIONS: 14-YEAR FOLLOW UP ²		
Vitamin B ₁₂ deficiency	239	39.9 percent
Readmit for various reasons	229	38.2 percent
Incisional hernia	143	23.9 percent
Depression	142	23.7 percent
Staple line failure	90	15.0 percent
Gastritis	79	13.2 percent
Cholecystitis	68	11.4 percent
Anastomotic problems	59	9.8 percent
Dehydration, malnutrition	35	5.8 percent
Dilated pouch	19	3.2 percent

Adverse Effects and Complications of Bariatric Surgery		Late Complications (More Than 30 Days After Surgery)
Adverse Effects	Complications	Anastomotic stricture
Nausea	Intestinal hernia	Bowel obstruction
Vomiting	Leakage from staples	Cholelithiasis
Diarrhea	Wound infection from band/port	Cholecystitis/pancreatitis
Nutritional/vitamin deficiencies	Gastric bleeding	Cholelithiasis or abdominal bleeding
Edema	Small bowel obstruction	Marginal ulceration
		Nutritional deficiencies

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24

'Break a leg'

Bariatric Surgery: Bad To The Bone
Posted by Tom Naughton in Bad Medicine



Bad news for the bariatric-surgery industry: a Mayo clinic study released this week suggests that people who've undergone weight-loss surgery are more likely to break their bones. Here's the first paragraph from the wire story.

It isn't just the thunder thighs that shrink after obesity surgery. Melting fat somehow thins bones, too. Doctors don't yet know how likely patients' bones are to thin enough to break in the years after surgery. But one of the first attempts to tell suggests they might have twice the average person's risk, and be even more likely to break a hand or foot.

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25

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Samenvatting

- BMI 25-30 insuline of GLP1 agonist
- BMI 30-35 GLP1 agonist
- BMI 35-40 GLP1 agonist
- BMI > 40 Chirurgie

