



Tablet Press

The prescribing newsletter for GPs, nurses and pharmacists in
Northamptonshire Primary Care Trust



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- **NICE Clinical Guideline 87 Type 2 Diabetes**

NICE [clinical guideline 87](#) partially updates recommendations for the management of type 2 diabetes, with specific new recommendations about sitagliptin, vildagliptin, pioglitazone, rosiglitazone, exenatide and insulin therapy. This updates the previous clinical guideline 66 published in May 2008.

The NPC blog on this guideline provides a very useful summary and can be found at <http://www.npci.org.uk/blog/?cat=11>

When choosing between glitazone or DPP-4 inhibitor therapy, NICE state that a DPP-4 inhibitor may be preferred if:

- further weight gain would cause or exacerbate significant problems associated with high body weight, or
- a glitazone is contraindicated, or
- the person has previously had a poor response to, or did not tolerate, a glitazone.

Likewise, a glitazone may be preferred if:

- the person has marked insulin insensitivity, or
- a DPP-4 inhibitor is contraindicated, or
- the person has previously had a poor response to, or did not tolerate, a DPP-4 inhibitor.

It is of note that there is a new recommendation that pioglitazone, rosiglitazone, sitagliptin or vildagliptin should be continued only if the person has a beneficial metabolic response to therapy (a reduction of at least 0.5% in HbA1c in 6 months).

Exenatide can now be considered for triple therapy in addition to metformin and a sulphonylurea in people whose HbA1c is $\geq 7.5\%$ (or other higher level agreed with the individual), if either:

- their BMI is ≥ 35 kg/m² in people of European descent (with appropriate adjustment for other ethnic groups) and specific psychological or medical problems associated with high body weight, or
- their BMI is < 35.0 kg/m², and therapy with insulin would have significant occupational implications or weight loss would benefit other significant obesity-related comorbidities.

However, exenatide should be continued only if the person has a beneficial metabolic response (a reduction of at least 1.0% in HbA1c and a weight loss of at least 3% of initial body weight at 6 months).

It is important to consider that all of these new drugs for diabetes only have data on reduction of HbA1c. They do not have data on patient-oriented outcomes such as reduction in microvascular or macrovascular endpoints.

- **Generic bicalutamide available**

Generic versions of bicalutamide are now available. Brand to generic savings are £650 per annum for the 50mg and £1183 for the 150mg.

- **Gastroenterology Shared Care Protocols**

The new KGH Gastroenterology SCPs for methotrexate, azathioprine, mycophenolate and ciclosporin are now complete and are available on HNN.

<http://tinyurl.com/2q2ltu>

This edition is also available on HNN (Health Network Northants)

<http://www.northants.nhs.uk/Display/Dynamic.jsp?topid=14070&lhsid=514&oid=2854¤tid=2854>

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