Conferencias y Simposios

SIMPOSIO 19: Tratamiento farmacológico: ¿qué hay de nuevo?

Coordinador: Dr. Guillermo Alzueta

Secretagogos: sulfonilureas e incretinas

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Las SUs y los iDPP4 tienen un sitio ganado dentro de la terapéutica actual de la diabetes mellitus (DM).

Respecto de las SUs, refiriéndonos a glimepirida, gliclazida y glipizida, ya que la glimepirida está últimamente desaconsejada, dejaremos de lado sus cualidades en el tratamiento de la DM neonatal y del MODY3, para enfocarnos en su lugar dentro de los esquemas de abordaje de la DM2, contestando algunas preguntas fundamentales:

•¿Siguen presentes en las guías de tratamiento? Las de la SAD 2016, OMS 2018, IDF 2019, NICE 2019, ALAD 2019, MSN 2020 y AACE-ACE 2020, entre otras, las consideran una opción para usar en monoterapia (habiendo contraindicación o intolerancia a metformina) o como segunda o tercera asociación en el tratamiento de la DM2[1].

La ADA-EASD 2020 las considera última opción en todas sus líneas, pasando a ser primera luego de metformina, si los costos determinaran la elección.

•¿Aumentan el riesgo de ECV? En el estudio CAROLINA, cuyo *outcome* primario (muerte cardiovascular, IAM no fatal o ACV no fatal) ocurrió en el 11,8% de pacientes con linagliptina y 12,0% con glimepirida (HR, 0,98 [95,47% CI, 0,84-1,14]; P < .001), se demostró que no hubo diferencias entre grupos[2].

•¿Aumentan el riesgo de hipoglucemias e incremento de peso? Con glimepirida se observó modesta ganancia de peso, -1,54 kg (95% CI, -1,80 to -1,28) respecto de linagliptina, ocurriendo al menos una hipoglucemia en el 10,6% con linagliptina y en el 37,7% con glimepirida (HR, 0,23 [95% CI, 0,21-0,26]) [2].

Respecto de los iDPP4, siguen demostrando efecto neutral en lo macro y microvascular, salvo saxagliptina que aumenta el riesgo de insuficiencia cardíaca[3].

La inhibición de la DPP4 para disminuir el riesgo de complicaciones por COVID-19 no es, hasta la fecha, una opción terapéutica documentada[4].

La SUs y los iDPP4 son, por lo expuesto, fármacos adecuados para el tratamiento de la DM2.

Palabras clave: fármacos; diabetes mellitus tipo 2.

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SYMPOSIUM 19: Drug Treatment: What's New?

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Secretagogues: sulfonylureas and incretins

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Both SUs and iDPP4 have earned a spot within current Diabetes (DM) therapy. Regarding SUs, we refer to glimepiride, gliclazide and glipizide. Since glimepiride has lately been advised against, we will leave its qualities aside in neonatal DM treatment and MODY 3 to focus on its place within the schemes of T2D approach, answering the fundamental questions:

• Are they still present in treatment guidelines? SAD 2016, WHO 2018, IDF 2019, NICE 2019, ALAD 2019, MSN 2020 and AACE-ACE 2020, among others, consider them an option to be used in monotherapy (if there is contraindication or metformin tolerance) or as a second or third association to T2D treatment .

For ADA-EASD 2020, they are considered a last option in all the lines, becoming the first after metformin if costs were to determine the choice.

• Do they increase CVD risk? CAROLINA study, in which the main outcome (cardiovascular death, non-fatal AMI or non-fatal CVA) happened in an 11.8% of the patients with linagliptin and a 12% with glimepiride (HR, 0.98 [95.47% CI, 0.84-1.14]; P < .001), showed that there were no differences between groups .

• Do they increase hypoglycemia and weight gain risk? With glimepiride, it was observed a modest weight gain, -1.54 kg (95% CI, -1.80 to -1.28) in regard to linagliptin, and with the occurrence of at least one hypoglycemia in a 10.6% with linagliptin and in a 37.7% with glimepiride (HR, 0.23 [95% CI, 0.21-0.26])2.

Regarding iDPP4, they continue to show a neutral effect in the macrovascular and microvascular, expect for saxagliptin, which increases the risk of heart failure .

The DPP4 inhibition to decrease the risk of COVID-19 complications is not, so far, a sustained therapeutic option .

Both SUs and iDPP4 are, given what has been exposed, the adequate drugs for the treatment of T2D.

Key words: drugs; diabetes mellitus type 2.

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