Diabetes tipo 2. Liraglutide provoca maior número de pancreatites que seu antecessor a exenatide

Liraglutide. Type 2 diabetes: more prudent to continue using exenatide.

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Abstract

When patients with type 2 diabetes fail to achieve strict HbA1c control with oral glucose-lowering drugs, insulin is the standard recourse. Exenatide, an injectable incretin analogue, should only be used when weight gain is a major problem. Liraglutide is another injectable incretin analogue recently authorised for use in this setting. Two randomised unblinded trials, one versus insulin glargine in 581 patients and the other versus exenatide in 464 patients, suggest that liraglutide has a slightly more potent effect on glycaemia. Weight loss was similar in the liraglutide and exenatide groups. In a trial including 1091 patients, liraglutide was not more or less effective than glimepiride on glycaemia. Like exenatide, liraglutide can cause pancreatitis. In the trial comparing liraglutide versus exenatide, one-quarter of patients experienced nausea. There is more evidence of a risk of thyroid cancer with liraglutide than with exenatide. Liraglutide is administered as a single daily subcutaneous injection, whereas exenatide requires two daily injections. In practice, when prescribing an incretin analogue seems justified, it is more prudent to continue using exenatide, while closely monitoring patients for adverse effects.

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