Reply to the letter by P. Guillausseau Regarding “Sulfonylureas or Dipeptidyl Peptidase (DPP-4) Inhibitors in the Management of Type 2 Diabetes: Debate Is Not Yet Closed”

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Published online: 10 September 2011
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It is an ongoing discussion whether sulfonylureas or dipeptidyl peptidase-4 (DPP-4) inhibitors could be the first-line add-on therapy to metformin in patients with type 2 diabetes who are insufficiently controlled with metformin alone. My article was based on the results of five different head-to-head studies between sulfonylureas and DPP-4 inhibitors [1–5]. They all showed that during the length of the study period, the reduction in hemoglobin A_{1c} (HbA_{1c}) was similar but that changes in body weight and risk for hypoglycemia differed in favor of DPP-4 inhibitors. An obvious limitation to these studies is their limited duration (the longest study was for 2 years only). It is also known that sulfonylureas have different characteristics, and, as pointed out in the letter, that gliclazide has less risk for hypoglycemia and also is more favorable in terms of cardiovascular outcome. A final answer on the comparison between sulfonylureas and DPP-4 inhibitors requires long-term head-to-head studies that include analysis of cardiovascular risk.

Disclosure Conflicts of interest: B. Åhrén: has received grant support from Novartis, AstraZeneca, and Merck; and has received

honoraria from AstraZeneca, GlaxoSmithKline, Merck, Novartis, Novo Nordisk, Roche, Sanofi-Aventis, and Servier.

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