МІНІСТЕРСТВО ОСВІТИ ТА НАУКИ УКРАЇНИ
СУМСЬКИЙ ДЕРЖАВНИЙ УНІВЕРСИТЕТ
МЕДИЧНИЙ ІНСТИТУТ

АКТУАЛЬНІ ПИТАННЯ ТЕОРЕТИЧНОЇ ТА КЛІНІЧНОЇ МЕДИЦИНИ

Topical Issues of Theoretical and Clinical Medicine

ЗБІРНИК ТЕЗ ДОПОВІДЕЙ
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Results: Among 412 patients with diabetes 28 persons (6,8±1,24%) were diagnosed with cancer in comparing to 14 persons (3,9±0,98%) among 402 patients without diabetes ($p<0.05$). Patients with type 2 diabetes have the higher risk of development of cancer (OR=1.87; 95 % CI: 0.9 to 3.5; P = 0.05).

Diabetic patients of the both groups were representative of the duration of diabetes, BMI, mean baseline HbA_1C.

HOMA index in diabetic patients of the 1st group was higher (6,3±0,46) compared with HOMA (5,0±0,39) of the 2nd group ($p<0.05$). From the 2nd group, 20 (71.4%) subjects had IR compared with 26 subjects (92.8%) from the 1st group (OR=5.2; 95 % CI: 0.9 to 27.2; P=0.05).

Conclusion: Patients with type 2 diabetes have the increased risk of development of cancer. Insulin resistance may lead to an increased risk of malignant tumors.

ADVANTAGES OF INCRETIN-BASED TREATMENT IN MANAGEMENT OF TYPE 2 DIABETES

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The risk of hypoglycemia with sulfonylureas is higher in the presence of diabetic nephropathy. Selective DPP-4 inhibitors lead to physiologic increases in the incretins GLP-1 and gastric inhibitory polypeptide and preferable for the management of postprandial hyperglycemia due to lack of many adverse effects observed with other diabetes medications.

Study objectives: to assess the effect of sitagliptin when added on to ongoing metformin therapy in patients with type 2 diabetes and diabetic nephropathy.

Methods: 65 patients with type 2 diabetes, stage 2 or 3 of chronic kidney disease (CKD) and inadequate glycemic control defined as HbA1c ≥7.0% and ≤10.0% took part in this study. Before randomization they were on stable dose of metformin (2g/day) for 12 weeks. 35 patients of the 1st group continued treatment by metformin in combination with 2mg glimepiride. 30 patients of the 2nd group had received sitagliptin at 50 mg/day in addition to metformin. All patients received dietary and lifestyle advice. 20 healthy persons were in control group.

The levels of glycosylated haemoglobin (HbA_1C), fasting plasma glucose (FPG), postprandial glucose (PG) were explored. Statistical processing of results was carried out using SPSS statistics 21.

Results: Patients of the both groups were representative of the duration of diabetes, stage of CKD, mean baseline HbA_1C.

In 3 months of treatment glycemic control improved similarly in both groups. Antihyperglycemic therapy with sitagliptin lead to reduction in levels of HbA_1C from (8,9±0,14) to (7,4±0,12) % ($p<0.05$). HbA_1C of patients from the 2nd group in 3 months after treatment was (7,2±0,14) % ($p>0.05$).

During treatment period (22.9±7.2) % of patients from the 1st group reported hypoglycemia compared to (6.6±4.63) % persons of the 2nd group ($p<0.05$).

Conclusion: Adding a sitagliptin to background metformin therapy in poorly controlled patients with diabetic kidney disease leads to improvement in glycemic control and low risk of hypoglycemia compared with sulfonylurea.