



Hot topics and evidence from EASD 2019

The 55th annual meeting of the European Association for the Study of Diabetes was held in Barcelona from 16th to 20th September 2019.

Below, is a summary from the annual meeting.

YOUNG T2DM STUDIES

TODAY STUDY:

Metformin only provided durable glycaemic results in half of the youth

Adding Rosaglitazone(!) not lifestyle interventions improved durability of glycaemic results

Adherence was 84% at 8 months but reduced to 57% at 5 years

CVD risk factors increased with time

Rate of progression and response to treatment are much worse in youth

Fewer approved medications = HIGH RISK COHORT

RISE STUDY:

Alpha cells and beta cells in youth vs adults with early T2

Youth had better beta cell function but lower insulin sensitivity (more insulin resistance)

DAPA-HF STUDY

Benefits of dapagliflozin with and without T2DM

Reduction in CV death by 25%

Reduction in hospitalisation for HF

Improves symptoms (QoL)

DEFINE HF (linked study)

12 weeks on dapagliflozin improved QoL for those with HF +/- T2DM

Dapagliflozin had a rapid and efficient action on QoL (within the 12 weeks)

However, they didn't confirm the diagnosis of DM free in the "without DM" group- they could have had pre-diabetes or IGT

"Define HF" didn't show improved exercise time, but it was only a short study - they will be deconditioned too.

Dapagliflozin didn't improve NTproBNP: the MoA not yet fully understood & can't be explained by sodium response - fluid depletion reduction in pre-load/afterload.

CREDESCENCE STUDY

ADA updated guidelines on the back of the “gold standard” evidence from the trial: in people with T2DM and Diabetic Kidney Disease (DKD), consider SGLT2 in patients with eGFR including and above 30, particularly with >300mg/g albuminuria to halt CKD progression, CVD or both.

PRIORITY STUDY

New biomarker (CKD273) that shows who's likely to progress to CKD - target them to start on SGLT2 early.

Working to reduce lab cost of test, so it can be used to aid treatment decisions in primary care.

VERIFY (Vidagliptin and Metformin) STUDY

Showed that people do better with dual/combo therapy straight away, rather than monotherapy

Prevents inertia

But recruitment was in 2012 - gliptins were fashionable... can it be applied to all the new therapies too?

SUSTAIN 8 STUDY

Semaglutide vs canagliflozin (as 2nd line to MF)

Greater weight loss= semaglutide: significantly more people achieved a 10% weight loss

Significant reduction in HbA1c= Semaglutide

SAEs rare in both groups but double the number in the Semaglutide group discontinued than the canagliflozin group (GI symptoms)

Canagliflozin better SBP reductions

Semaglutide is more expensive (But would the price drop with oral semaglutide?)

IMEGLIMIN: TIMES1 and TIMES2 STUDIES

New class of medication

Improves insulin sensitivity

Preserve beta cell function

Reduces HbA1c by 1%

CONCLUDE STUDY

Insulins: Tresiba vs Toujeo

Very similar - no superiority on primary end point (HbA1c)

Less weight gain on Toujeo

12% less dose needed with Tresiba

No hypo difference

COSMISAIR (T1 study)

Real time access to CGM made more of a difference than insulin delivery methods

TIME-IN-RANGE (TiR) or TIME-IN-TIME (TiT)

The new gold standard

MGLR= more green, less red

FNIR= flat narrow and in range

Can be done with CGM automatically and BGM plotting on graph or with calculation

TECH UPDATES TO LOOK OUT FOR

Novopen6 "smart pen"

Libre2

Dexcom7

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EDEN has delivered around 350 face-to-face training events to more than 5,000 HCPs since 2012 and has over 300 eLearning users.

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