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**SULPHONYLUREAS: DO THEY STILL HAVE A PLACE IN THE MANAGEMENT OF TYPE 2  
DIABETES?**

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For years, sulphonylureas (SUs) have been the imperative drugs for the management of type 2 diabetes mellitus (T2DM), both as monotherapy and combination therapy. SUs are very efficacious class of drugs with concerns of hypoglycaemia and weight gain. Also the concept of  $\beta$ -cell preservation did not go well with this class of drugs. With these limitations the search went on to find the newer group of drugs such as sodium-glucose co-transporter 2 (SGLT-2) and Glucagon-like peptide 1 (GLP-1) receptor agonists. In 2008, Food & Drug Administration (FDA) issued guidance on the evaluation of cardiovascular risk in new anti-diabetic therapies leading to cardiovascular outcomes trial (CVOT) which changed the way the anti-diabetic drugs were evaluated and preferred. GLP-1 analogues such as Liraglutide and Semaglutide, SGLT-2 inhibitors like Empagliflozin and Canagliflozin have shown to be not only CV safe and but CV protective in these trials. More than 80% of the people globally with T2DM belong to developing countries where access and affordability are a major challenge, using these newer agents may not be practically feasible. Now the debate is whether SUs should be used as the second line agent in the management of T2DM after metformin with lack of evidence of CV safety, risk of hypoglycaemia and weight gain. There might not be a straight answer to this now but SUs would still continue to be an important drug in the treatment of T2DM with the exponential rise in healthcare costs worldwide.