

Pioglitazone addition to metformin/sulphonylurea monotherapy results in sustained improvements in glycaemic control

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- Long-term glycaemic control for pioglitazone vs. placebo were assessed in diabetic patients receiving metformin (N = 514) or sulphonylurea monotherapy (N = 1001). Follow-up averaged 34.5 months.
- There were significantly greater reductions in glycated haemoglobin (Hb_{A1c}) with pioglitazone vs. placebo, and more pioglitazone-treated patients achieved Hb_{A1c} targets, irrespective of baseline oral glucose-lowering regimen.
- There was lesser progression to permanent insulin use.

Pioglitazone added to metformin or sulphonylurea monotherapy exhibits long-term glycaemic effects and reduces progression to insulin therapy