INTRODUZIONE

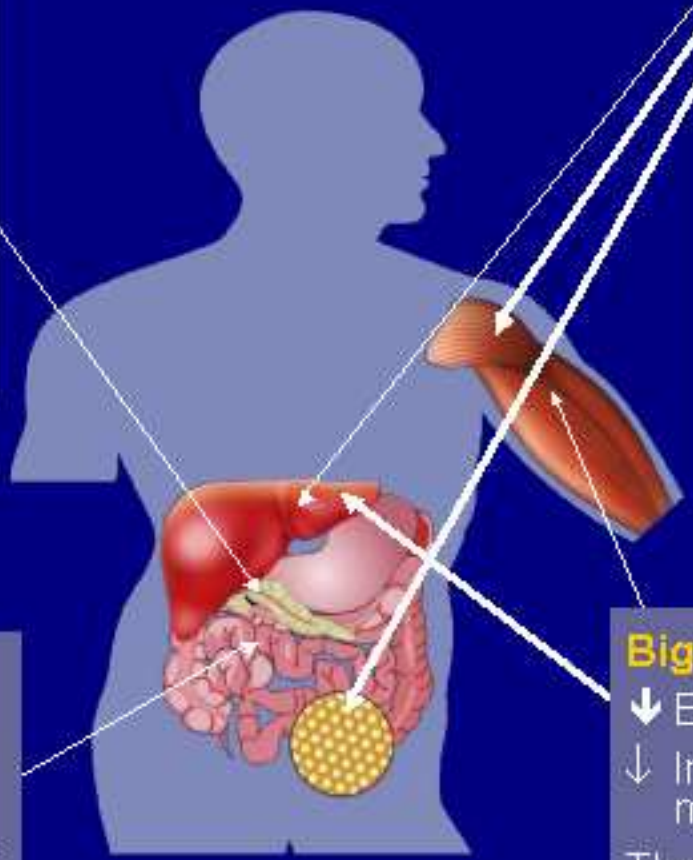
Sites of Action of Oral Antihyperglycemic Agents

Sulfonylureas and Meglitinides

Stimulate pancreatic insulin secretion

Sulfonylureas are of special value in patients who are lean and have insulinopenia

Meglitinides are of special value in patients with postprandial hyperglycemia



Thiazolidinediones: rosiglitazone, pioglitazone

↓ Insulin resistance in skeletal muscle and adipose tissue

↓ Excess hepatic glucose output

Thiazolidinediones are of special value in insulin-resistant, overweight patients who have dyslipidemia or who have renal impairment

α-Glucosidase inhibitors (acarbose, miglitol)

Delays intestinal absorption of carbohydrates

α-Glucosidase inhibitors are of special value in patients with postprandial hyperglycemia

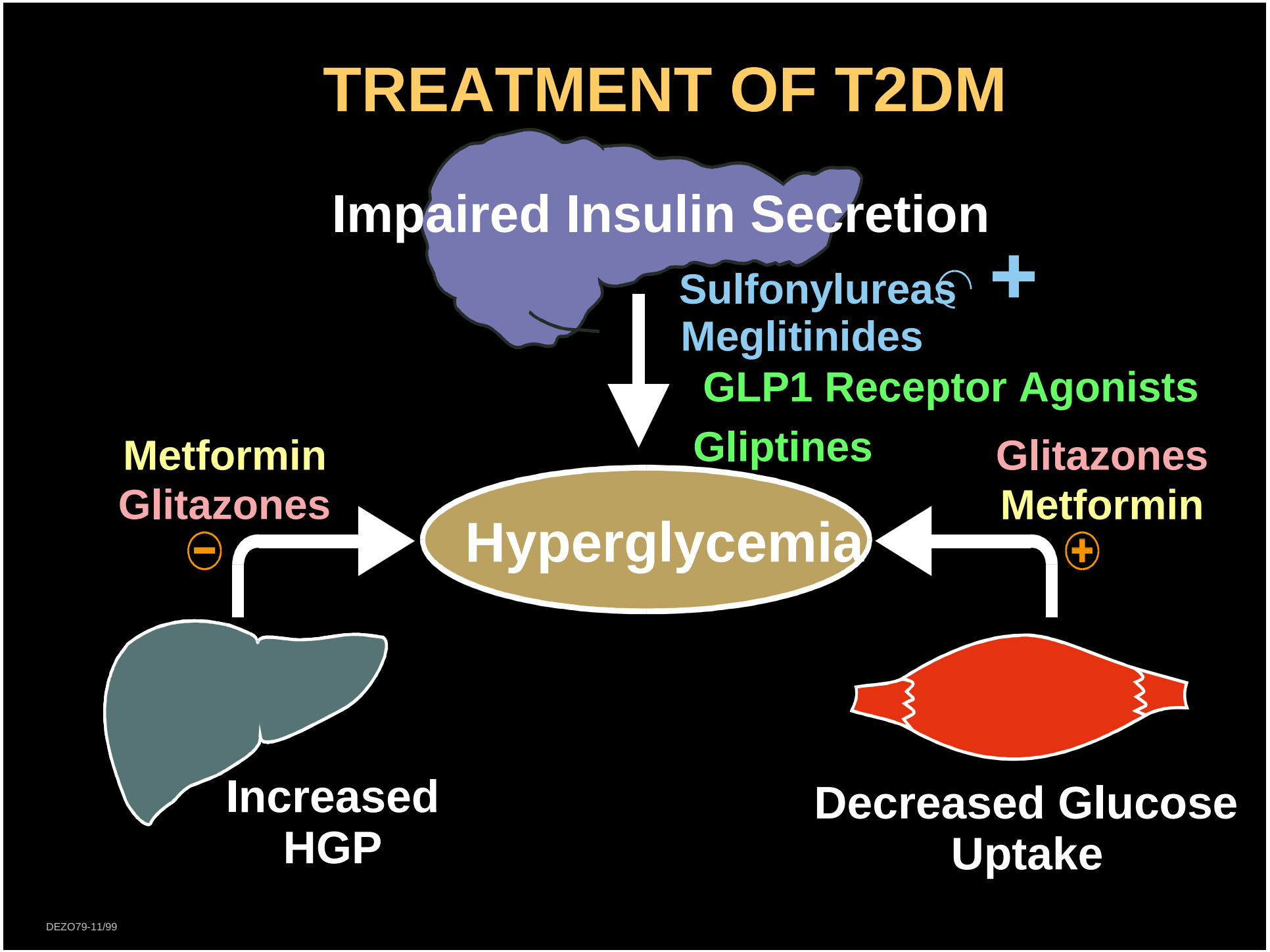
Biguanide (metformin)

↓ Excess hepatic glucose output

↓ Insulin resistance in skeletal muscle

The biguanide is of special value in obese patients who have fasting hyperglycemia

TREATMENT OF T2DM



DEZO79-11/99

	Azione			
Insulina	**Inizio**	**Picco (h)**	**Durata (h)**	**Nome commerciale**
Regolare	15-30 min	3	6-8	**Humulin R** (LILLY) **Actrapid** (NOVO)
NPH	90 min	4-6	12-20	**Humulin I** (LILLY) **Protaphane** (NOVO)
Lispro	10 min	1	3-4	**Humalog** (LILLY)
Aspart	10 min	1	3-4	**Novorapid** (NOVO)
Glulisine	10 min	1	3-4	**Apidra** (AVENTIS)
NPL	1,5-2 h		> 15	**Humalog Basal** (LILLY)
Glargine	1.5-2 h		24	**Lantus** (AVENTIS)
Detemir	1.5-2 h		16-20	**Levemir** (NOVO)

Criteri di Selezione dei Farmaci Ipoglicemizzanti

- Efficacia nel correggere iperglicemia *HbA_{1c}*
- Effetti extra-glicemici
  → *riduzione complicanze*
- Sicurezza
- Tollerabilità
- Costo

- Efficacia nel correggere iperglicemia
  FGP vs. PPG
  oscillazioni e *variabilità glicemica*
  "durability"
- Fenotipo del paziente
  clinico (BMI, waist, ±SM, ±CVD)
  glicemico
- Meccanismo patogenetico
  deficit secrezione vs. insulino-resistenza, autoimmunità