

For Those With Diabetes, Older Drugs Are Often Best

Written by Administrator
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From the NY Times 28 May 2011: For Those With Diabetes, Older Drugs Are Often Best

By WALECIA KONRAD

WHEN it comes to prescription drugs, newer is not necessarily better. And that's especially true when treating [diabetes](#) .

One in 10 Americans has [Type 2 diabetes](#) . If the trend continues, one in three will suffer from the disease by the year 2050, according to the federal Centers for Disease Control and Prevention.

Most Type 2 diabetes patients take one or more drugs to control blood sugar. They spent [an estimated \\$12.5 billion on medication in 2007](#) , twice the amount spent in 2001, according to a study by the University of Chicago. (That figure does not including drugs that diabetics are often prescribed for related health conditions, like [high blood pressure](#) and high [cholesterol](#) .)

Why the increase? More diagnosed patients, more drugs per patient and an onslaught of expensive new drugs, according to Dr. G. Caleb Alexander, assistant professor of medicine at the University of Chicago and lead author of the study. Since 1995, several new classes of diabetes medications have come on the market. Diabetes drugs are important to the pharmaceutical industry, more lucrative than drugs for many other chronic diseases, Dr. Alexander noted in an interview.

Simply put, many of these drugs help the body produce less glucose or more insulin, the hormone that shuttles glucose into cells for use as energy, or they increase the body's sensitivity to its own insulin.

Patients and health care professionals have long hoped that as pharmaceutical companies found ways to help the body lower blood sugar, they would produce safer and more efficient

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alternatives to older medications. But a true breakthrough doesn't seem to have happened yet.

A report released in March by the federal Agency for Healthcare Research and Quality and conducted by researchers at Johns Hopkins University reviewed data from 166 studies to evaluate the effectiveness and risks of various diabetes medicines. The researchers concluded that drugs that have been around for years [are more effective](#) at lowering blood sugar and often work with fewer side effects than the newest drugs. And because so many older drugs now are available as generics, they often cost just a fraction of the price of newer brand-name drugs.

Low-cost treatment is imperative to turning back the diabetes epidemic, said Dr. Wendy L. Bennett, assistant professor of medicine at Johns Hopkins University School of Medicine and the lead author of the A.H.R.Q. study. Experts estimate that only 25 percent of diabetic patients are getting the treatment they need, and expense is a big reason. Even well-insured patients may reel when confronted with the \$6,000 a year it takes on average to manage the disease (not counting the costs of such complications as heart disease, stroke, and liver and [kidney damage](#)).

Becoming educated is the most important thing a person with diabetes can do to help stem the cost of medications as well as avoid complications, said Dr. Bennett. Here, three crucial things you should know.

Step 1: Fight diabetes with lifestyle changes.

Cost: Free or low cost.

If you are pre-diabetic or recently diagnosed, you may be able to dodge the expense of drug treatment with exercise and a better diet and by quitting [smoking](#) . None of this has to cost a fortune, and in any event healthier foods and, if necessary, a gym membership or other exercise program are well worth the investment. Even if you are taking medication, these lifestyle changes can help the medicine work better and longer.

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For more information go to www.cdc.gov/diabetes and the Web site for the American Diabetes Association, www.diabetes.org.

Step 2: If you need to begin taking a drug to control blood sugar, start with metformin, the most common and one of the least expensive diabetes drugs.

Cost: \$36 for 100 pills (500 milligrams); usually taken twice a day. Prices may be even lower at Wal-Mart, Target and other discount pharmacies.

Metformin almost always works as a first-line drug, except for patients suffering from severe kidney disease, said Dr. Bennett. What's more, metformin generally does not cause [hypoglycemia](#), a common and dangerous side effect of many diabetes drugs.

It also does not seem to cause weight gain, as some other diabetes drugs do, said Dr. Bennett. "The last thing you want if you've been diagnosed with diabetes is additional weight," she added.

A study published in Consumer Reports Health in February 2009 also found that older, less expensive diabetes drugs were just as effective as the new ones. Better yet, they have established safety records, while some newer diabetes drugs have been found to increase cardiovascular and other health risks.

"The expensive drugs are third- and fourth-line drugs," said Dr. Marvin Lipman, chief medical adviser for Consumer Reports Health and a practicing endocrinologist in Westchester County, N.Y. "If you don't get results with the less expensive drugs, you go to those. But you shouldn't start there."

Avoid: Certain newer diabetes drugs have been associated with [heart failure](#) and other risks.

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[Avandia](#) , for example, [has been linked to an increased risk of heart attacks](#) . In September 2010, after years of debate, the Food and Drug Administration severely restricted Avandia's availability, allowing it to be prescribed only to patients in a special program who had not responded to other drugs and were taking the medicine under a doctor's strict supervision. This month the agency expanded those restrictions to include related drugs Avandamet and Avandaryl, which also contain rosiglitazone, the active agent in Avandia.

Step 3: Choose combination drugs from among inexpensive generics.

Cost: Glimepiride, \$13 for 100 pills (1 milligram). Glipizide, \$64 for 100 pills (5 milligrams).

Most diabetics will have to eventually take more than one drug to keep blood sugar under control. The good news here from the Johns Hopkins study is that inexpensive metformin is also quite effective in combination with other generics, such as glimepiride and glipizide.

"Most combinations worked equally well, so when you're adding a drug, you could choose a generic to save costs," said Dr. Bennett. She added, however, that some drugs used with metformin might increase the risk of side effects such as hypoglycemia or weight gain. Patients should discuss each drug's pros and cons, as well as cost, with their doctors.

Avoid: Do not start with one of the more expensive drugs in combination with metformin. In some cases, patients ultimately may need a combination of both generics and the newer drugs, but this usually becomes appropriate only after a less expensive combination has been used for some time or if the patient isn't responding to the less expensive combination, said Dr. Bennett.