

**Treatment Options:
Helping Clinicians and
Patients Explore,
Compare, and Prepare**

**Satellite Conference and Live Webcast
Thursday, April 25, 2013
2:00 – 4:00 p.m. Central Time**

**Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division**

Faculty

**Victoria McGhee, APR
Contractor, Agency for Healthcare
Research and Quality
Atlanta, Georgia**

**What Is Comparative
Effectiveness Research (CER)?**

- A type of patient-centered outcomes research
 - Compares drugs, medical devices, tests, surgeries, or ways to deliver health care so clinicians, patients, and their families can make more informed treatment decisions

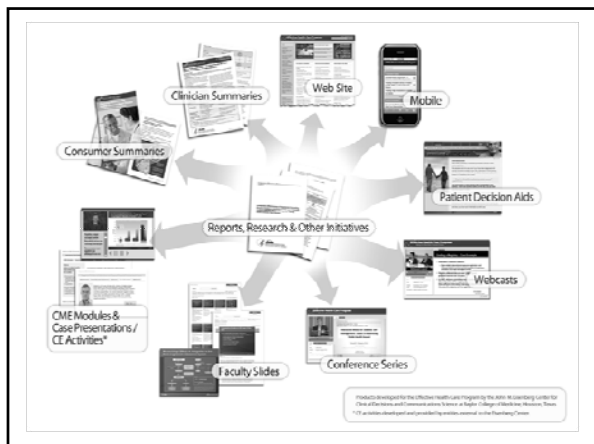
**What Is Comparative
Effectiveness Research (CER)?**

- Findings are descriptive, not prescriptive
 - Intended as tools not rules
- Findings provide the best available evidence about effectiveness, risks, and side effects

**Priority Conditions
for the EHC Program**

- 14 priority conditions including:
 - Diabetes
 - Cancers
 - Cardiovascular disease

**Effective Health Care
Program Products**



Reviewing the Clinician Summary

Comparing Medications for Adults With Type 2 Diabetes

Focus of Research for Clinicians

A systematic review of 166 clinical studies published between January 1966 and April 2010 examined the comparative effectiveness, benefits, and adverse effects of available monotherapy and two-drug combinations of medications for adults with type 2 diabetes (see list on page 2). The review did not cover treatment of type 1 diabetes or gestational diabetes nor does it review evidence regarding the effectiveness of diet, exercise, and weight loss. The full report, listing all studies, is available at <http://www.effectivehealthcare.hrg.org/diabetesmodc.htm>. This summary, based on the full report of research evidence, is provided to inform discussions with patients of options and to assist in decisionmaking along with consideration of a patient's values and preferences. However, reviews of evidence should not be construed to represent clinical recommendations or guidelines.

Overview

Reviewing the Clinician Summary

Clinical Bottom Line

Systemic Control (HbA1c)

- On average, therapy of the single agents, insulin, SGLT2 levels, by 1 percentage point (95% CI, 0.9-1.0).
- On average, two-drug combination therapies reduce HbA1c about 1 percentage point more than monotherapy (95% CI, 0.9-1.0).
- None (two-drug combinations are equally effective (95% CI, 0.9-1.0) and others, though not studied, show promise (95% CI, 0.9-1.0).

Weight

- MEI monotherapy was associated with less weight gain when compared with other monotherapy or two-drug combinations (95% CI, 0.9-1.0).
- When compared to insulin, oral sulfonylureas (SU), GIP-1 receptor agonists were associated with less weight gain (95% CI, 0.9-1.0).
- The combination MET/DPP-4 was associated with less weight gain than were two-drug combinations with TZDs (95% CI, 0.9-1.0).
- Some newer agents in two-drug combinations show promise for lower levels of weight gain (95% CI, 0.9-1.0).

Risk of Adverse Effects

- SK and insulin (SKI) are more likely to cause mild to moderate hypoglycemia than monotherapy with MEI, TZD, or a sulfonylurea (95% CI, 0.9-1.0).
- When compared to MEI, monotherapy, two-drug combinations with MEI, 2 monotherapy, two-drug combinations, except for MET/DPP-4 inhibitor combinations (95% CI, 0.9-1.0).
- MEI is associated with more GI adverse events when compared with other single agents (95% CI, 0.9-1.0).
- TZDs are associated with a higher risk of congestive heart failure when compared with SU (95% CI, 0.9-1.0). Alerts for TZDs on page 4.
- TZDs alone or in combination are associated with a higher risk of hip and ankle fractures when compared with other agents (95% CI, 0.9-1.0).
- SK is associated with a higher risk of congestive heart failure, cardiovascular events, fractures, and other risks than TZD. Alerts for TZDs on page 4.

Clinical Bottom Line

Reviewing the Clinician Summary

What To Discuss With Your Patients

- Establishing a goal for HbA1c and strategies to help accomplish that goal, including weight loss, exercise, and consistent use of medication.
- Strategies to increase adherence, including creating a medication schedule, addressing the costs of medication, and reporting adverse effects in a timely manner.
- The need for regular glucose testing and routine blood tests for HbA1c.
- What side effects to expect from the chosen medicines, and when to contact you if side effects occur.

Patient Discussion Points

Consumer Brochures

- Each clinician summary has a companion consumer brochure
 - Written in “plain language”
 - Encourages conversation between patients and health care providers
 - Helps lead to shared decisions about the best treatment for the individual patient

Consumer Brochures

- Available in English and Spanish
 - Online audio podcasts also available

How to Order FREE* AHRQ Resources

- Visit www.EffectiveHealthCare.ahrq.gov for a full list of titles
- Contact the AHRQ Clearinghouse:
 - Email: AHRQpubs@ahrq.hhs.gov
 - Call: 800-358-9295

How to Order FREE* AHRQ Resources

- Provide the titles and quantities AND the code C-02
- * Bulk orders - more than 500 total pubs - are subject to approval based on inventory
 - Shipping charges apply to orders of 501 copies or more in a single shipment

Contact Information

Victoria Barksdale McGhee
Atlanta Regional Office
Phone: 404 – 836 – 2303
Email: Victoria.Mcghee@ahrq.hhs.gov