

MODULE 8

Sulfonylureas, Meglitinides,
GLP-1 Receptor Agonists and DPP-4 Inhibitors



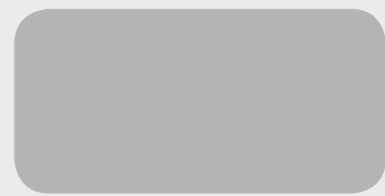
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MODULE STRUCTURE

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	SULFONYLUREAS	MEGLITINIDES		DPP-4 INHIBITORS
Learning Objectives	History and Available Products	History and Available Products		History and Available Products
	Summary of Use	Summary of Use		Summary of Use
	Mechanism of Action	Mechanism of Action		Mechanism of Action
	Test Yourself	Test Yourself		Test Yourself



SULFONYLUREAS

MEGLITINIDES



DPP-4 INHIBITORS

GLOSSARY

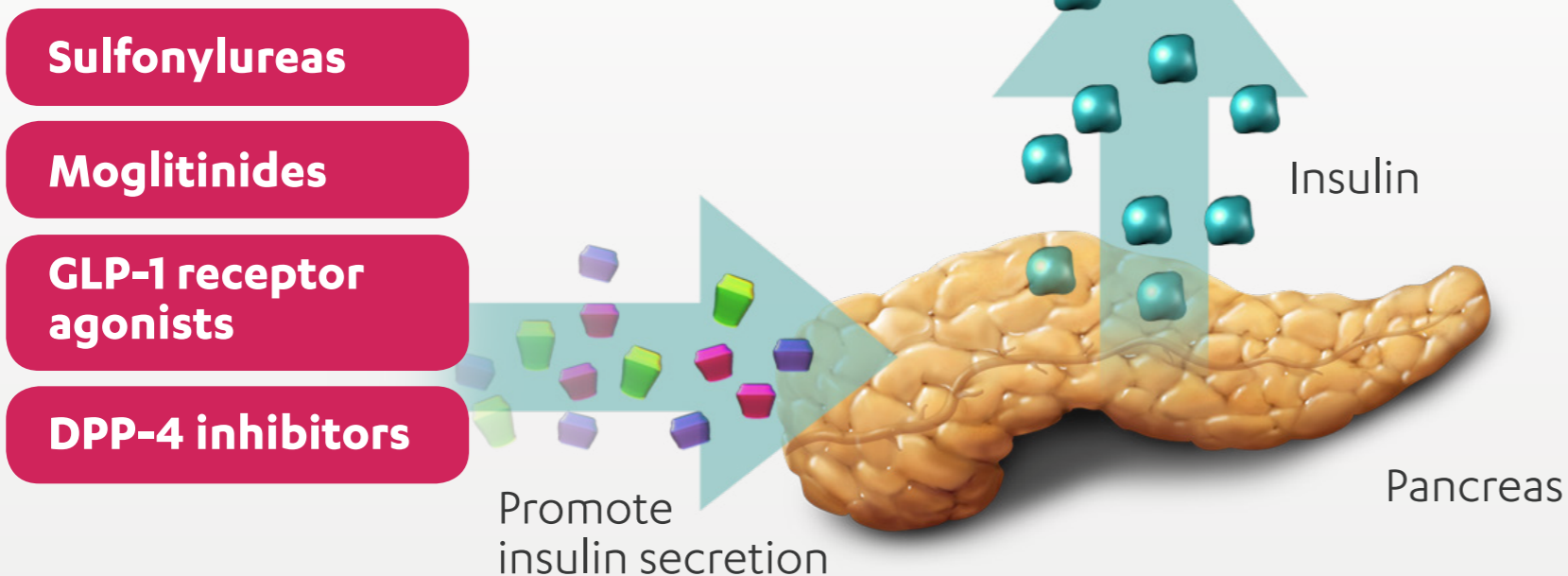
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OVERVIEW

Drugs that promote insulin secretion can be classified as either insulin secretagogues or incretin-related therapies.

Insulin secretagogues include sulfonylureas and meglitinides (also known as glinides). Incretin-related therapies include glucagon-like peptide 1 (GLP-1) agonists, and dipeptidyl-peptidase 4 (DPP-4) inhibitors.

While these classes of drugs have different mechanisms of action, they all promote insulin secretion and ultimately lower a patient's blood glucose levels.



INTRODUCTION

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GLP-1 receptor agonists entered the market in 2005.

Generic	Brand
Exenatide	Byetta
Exenatide extended-release	Bydureon
Albiglutide	Tanzeum
Dulaglutide	Trulicity
Liraglutide	Victoza



SULFONYLUREAS

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GLP-1 RECEPTOR AGONISTS

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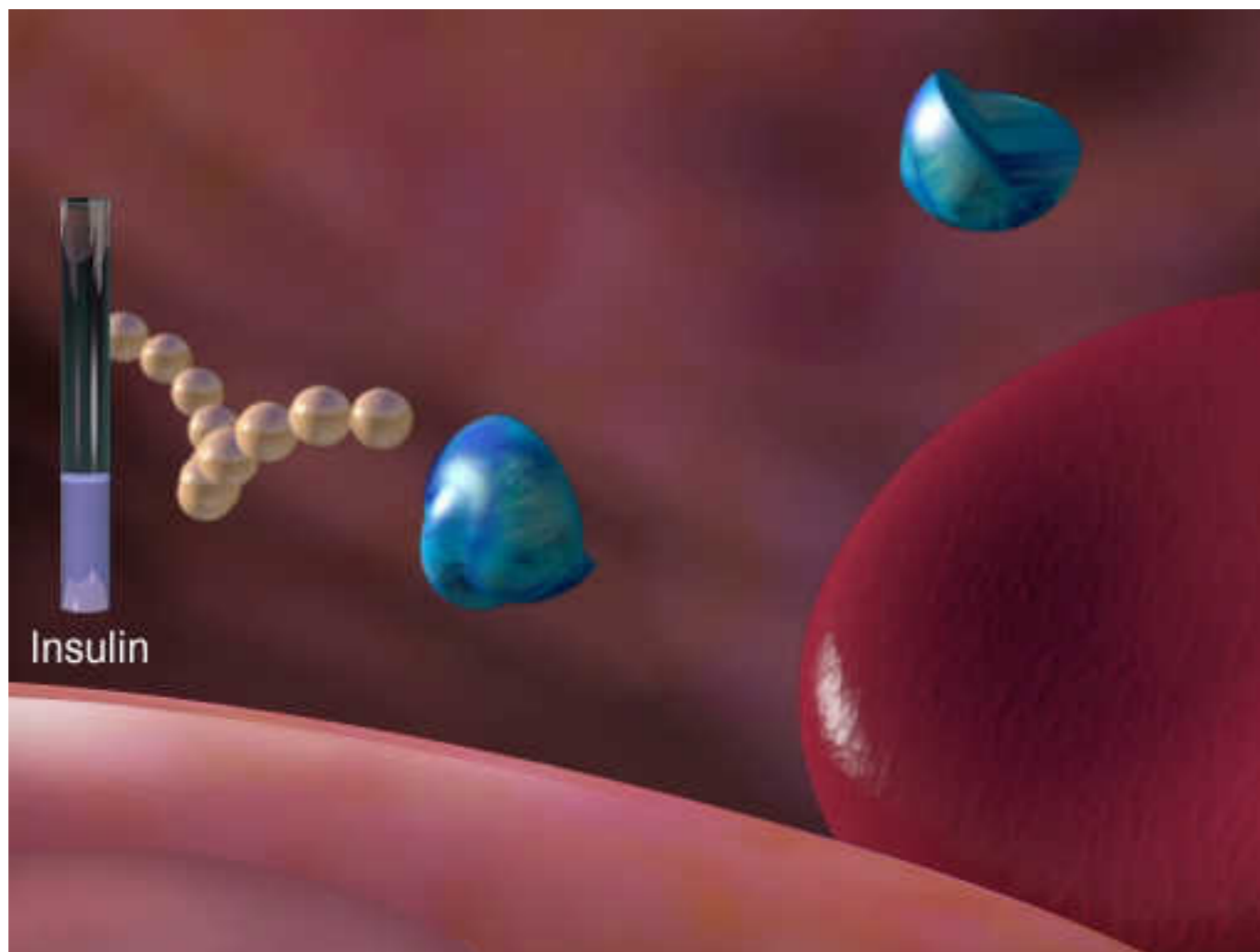
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GLP-1 receptor agonists are approved for use in patients with type 2 diabetes as an adjunct to diet and exercise. In the clinical studies that led to their approval, they were used as monotherapy or in combination with sulfonylureas, TZDs, metformin, or insulin.

GLP-1 receptor agonists are given by subcutaneous injection. They can achieve reductions in HbA1c of between 0.5% to 1.0%.

They are most commonly associated with gastrointestinal adverse events, such as nausea and vomiting. When used alone, some GLP-1 receptor agonists have been shown to cause variable weight loss.



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**GLP-1 RECEPTOR
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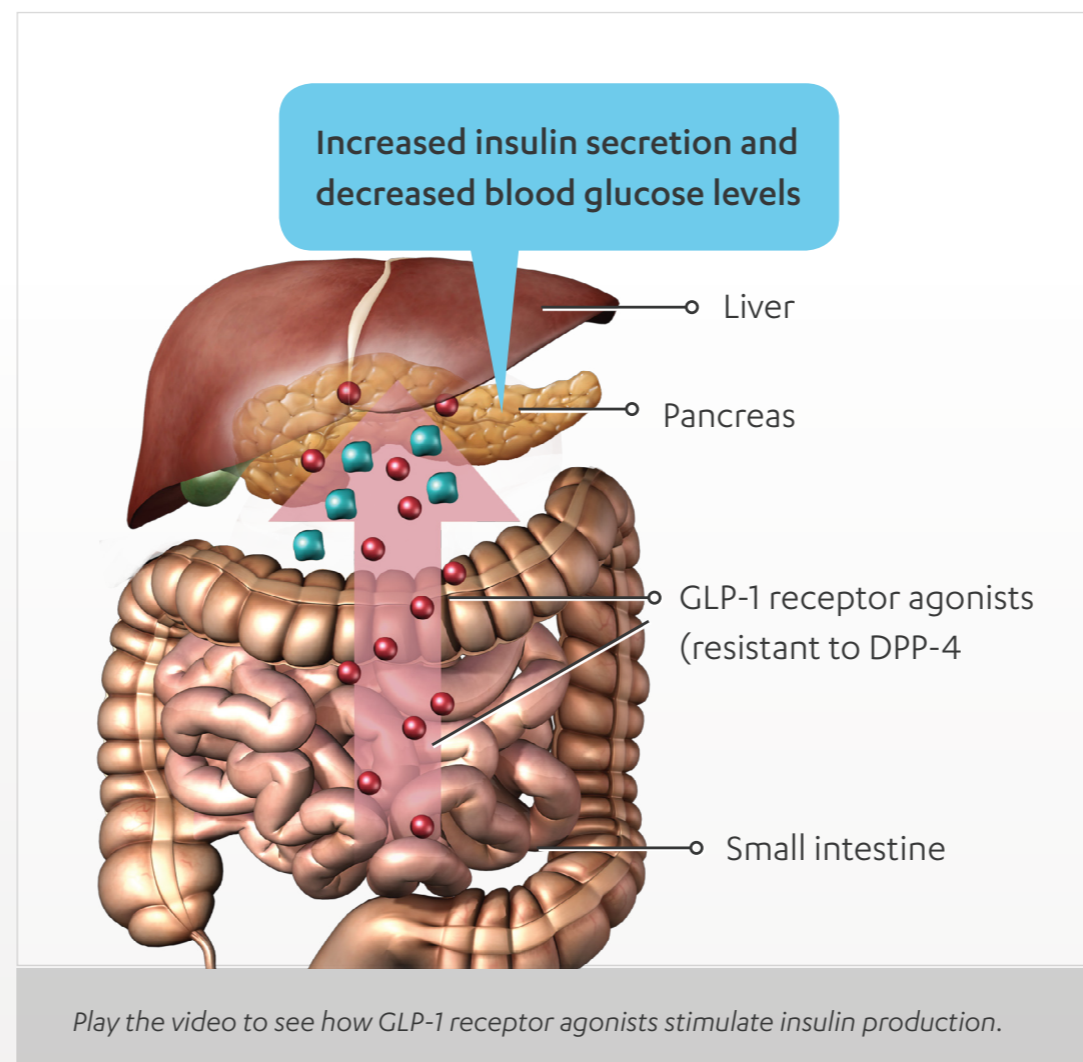
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In response to a meal, hormones known as incretins are released from the small intestine. Two important examples are GLP-1 and GIP. These incretins stimulate insulin secretion from the pancreas, reducing blood glucose levels. Importantly, this only occurs when glucose levels are elevated over fasting levels.

After their release, GLP-1 and GIP are rapidly broken down by the enzyme DPP-4. Thus, DPP-4 inhibits the effects that GLP-1 has on insulin secretion and blood glucose levels.

GLP-1 receptor agonists look and act like endogenous GLP-1 but are resistant to DPP-4 degradation so they are able to stimulate insulin secretion from the pancreas even in the presence of DPP-4.

Like endogenous GLP-1, GLP-1 receptor agonists also slow gastric emptying, which reduces the rate of glucose absorption from a meal, and inhibit glucagon secretion from the pancreas during periods of hyperglycemia, for example, after a meal.



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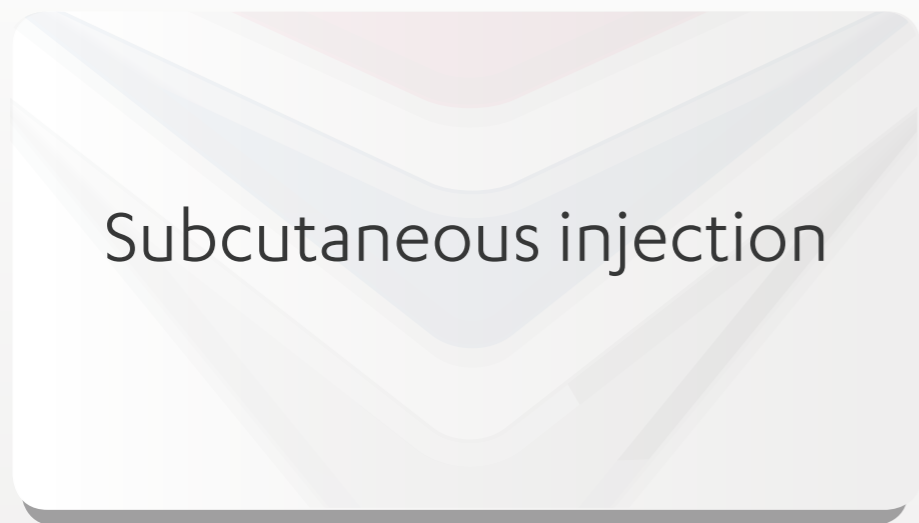
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Exenatide, albiglutide,
dulaglutide, liraglutide

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