

New and Future Treatments for Diabetes

Mary Charlton
Specialty Doctor in Diabetes
University Hospital Birmingham
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Conflicts of interest

- Investigator “Carmelina” study of Linagliptin (Boehringer Ingelheim)
- Speaking fees Novo Nordisk
- Cure for diabetes would bring early retirement!

What's wrong with what we've got?

Type 1

- Hypoglycaemia
- Painful and inconvenient

Type 2

- Hypoglycaemia
- Drug-induced weight gain
- Don't address cardiovascular risk

Type 1 Diabetes

New Insulin Analogues

- Insulin Degludec “Tresiba”
- Basal Insulin PEG (polyethylene glycol) moiety Lispro “BIL”
- Insulin Glargine U300

Biosimilars

- “generic” – same amino acids, different manufacture

Pumps – closing the loop?

Open loop

- Pump users need “to think like a pancreas”
- Continuous Glucose Monitors

Closed loop

- Artificial pancreas
- Low glucose cut-off
- Algorithm to determine insulin delivery
- Overnight progress
- Mealtimes/exercise more difficult
- ?glucagon too

Transplants

- Islet Cell
- Simultaneous kidney and pancreas
- Single organ pancreas
- Stem cells

Type 2 Diabetes

- New drugs
 - Incretin manipulation 2005/6
 - SGLT-2 inhibitors 2013/14
- Drugs in Development
- Weight management surgery

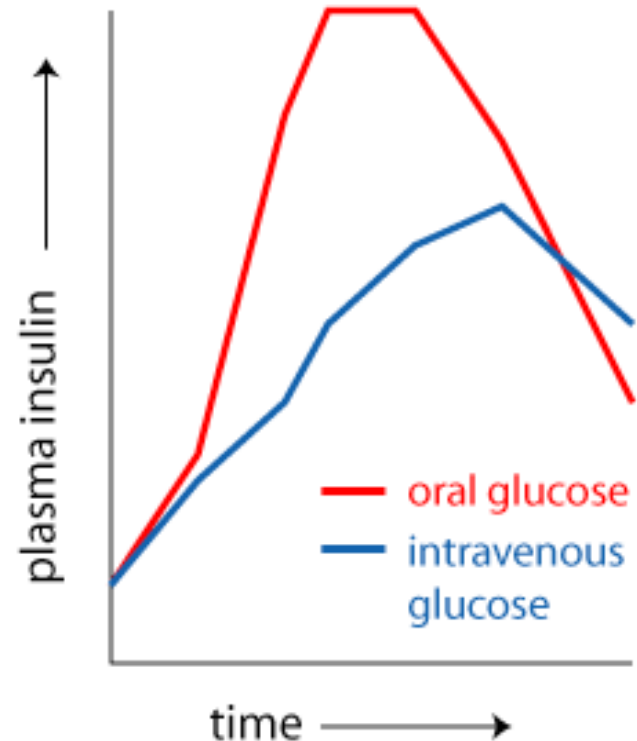
Why so many?

- Progressive disease: decline in beta cell function
- Side effects
- Add in new drugs rather than substitute

Incretin manipulation

Incretin effect

- Insulin response to oral glucose greater than to iv glucose
- Effect due to secretion of gut (incretin) hormones
 - GLP-1 (GlucagonLikePeptide-1)
 - GIP (Gastric inhibitory polypeptide, also known as glucose-dependent insulinotropic peptide)



Incretin effect

- **GLP-1**
 - Enhances postprandial insulin secretion
 - Inhibits glucagon secretion
 - Slows gastric emptying
 - Diminishes appetite
 - Stimulates insulin synthesis
 - Increases beta cell mass (animals)
- **Effects are glucose-dependent**

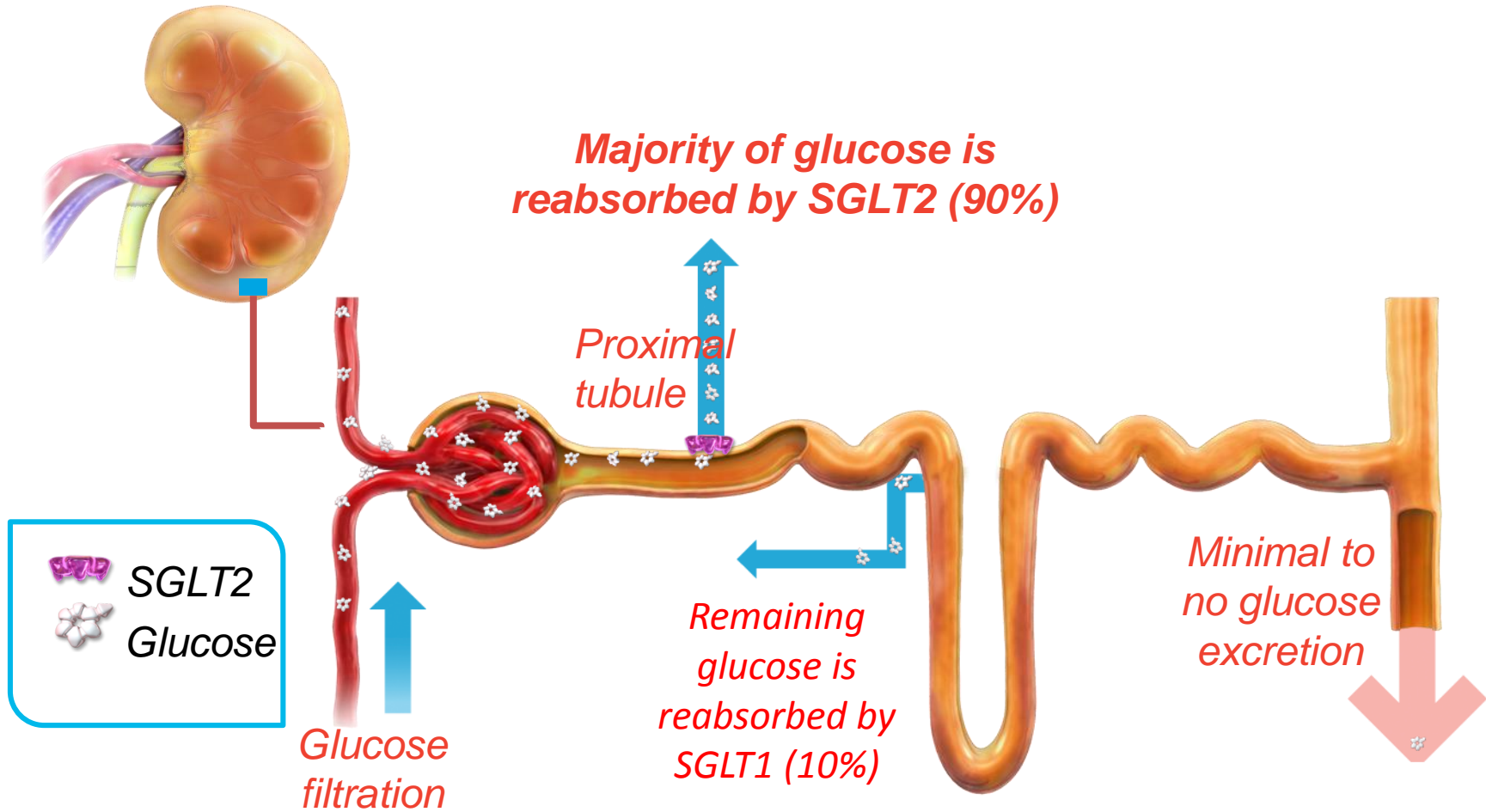
Incretin manipulation

- **Incretin mimetics**
 - **Exenatide, Liraglutide , Lixisenatide**
 - GLP-1 receptor agonists
 - injection
 - Nausea ++, weight loss
- **Gliptins –Sitagliptin, Vildagliptin, Alogliptin, Saxagliptin, Linagliptin**
 - specific inhibitors of DPP-4
 - raise incretin levels
 - Tablets
 - Cardiovascular safety
 - Increased hospital admissions for heart failure with Saxagliptin

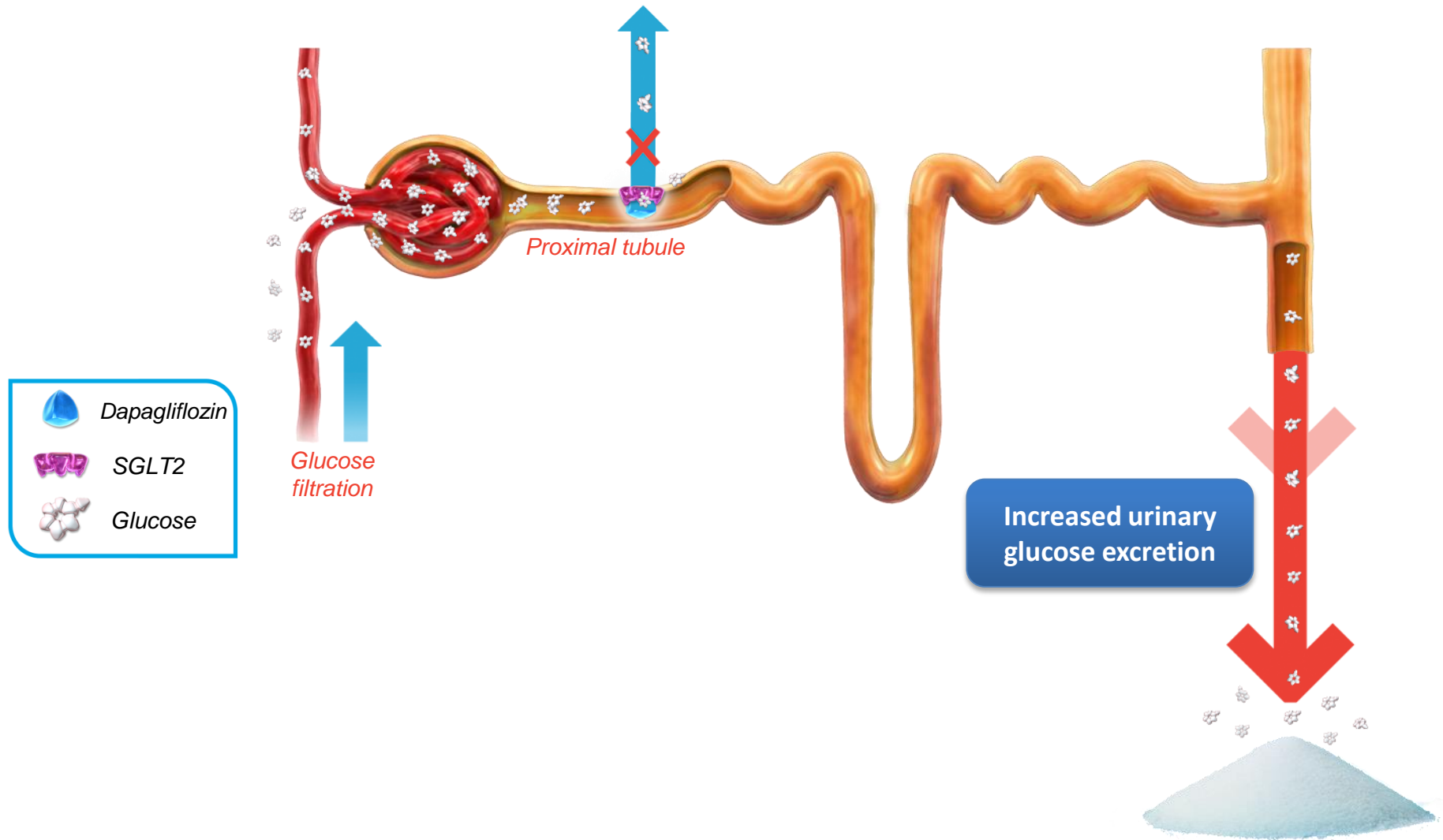
Sodium GLucose coTransporter 2 inhibitors

SGLT-2 INHIBITORS

Normal renal glucose handling

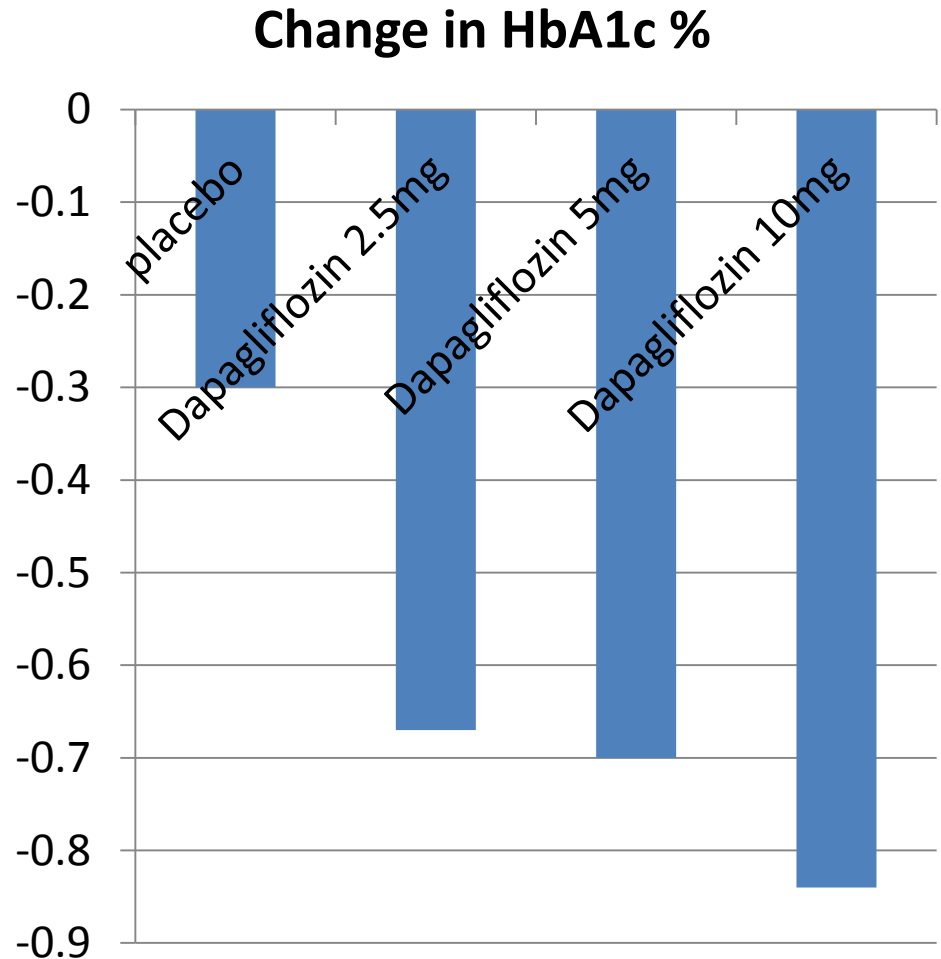


Sodium GLucose coTransporter 2 inhibitors eg Dapagliflozin, canagliflozin



SGLT2 inhibitors

- Result in daily urinary glucose excretion of approximately 70g
- Significant and sustained HbA_{1c} reductions versus placebo
- Eg after 6 months:



Other aspects of SGLT-2 inhibitors

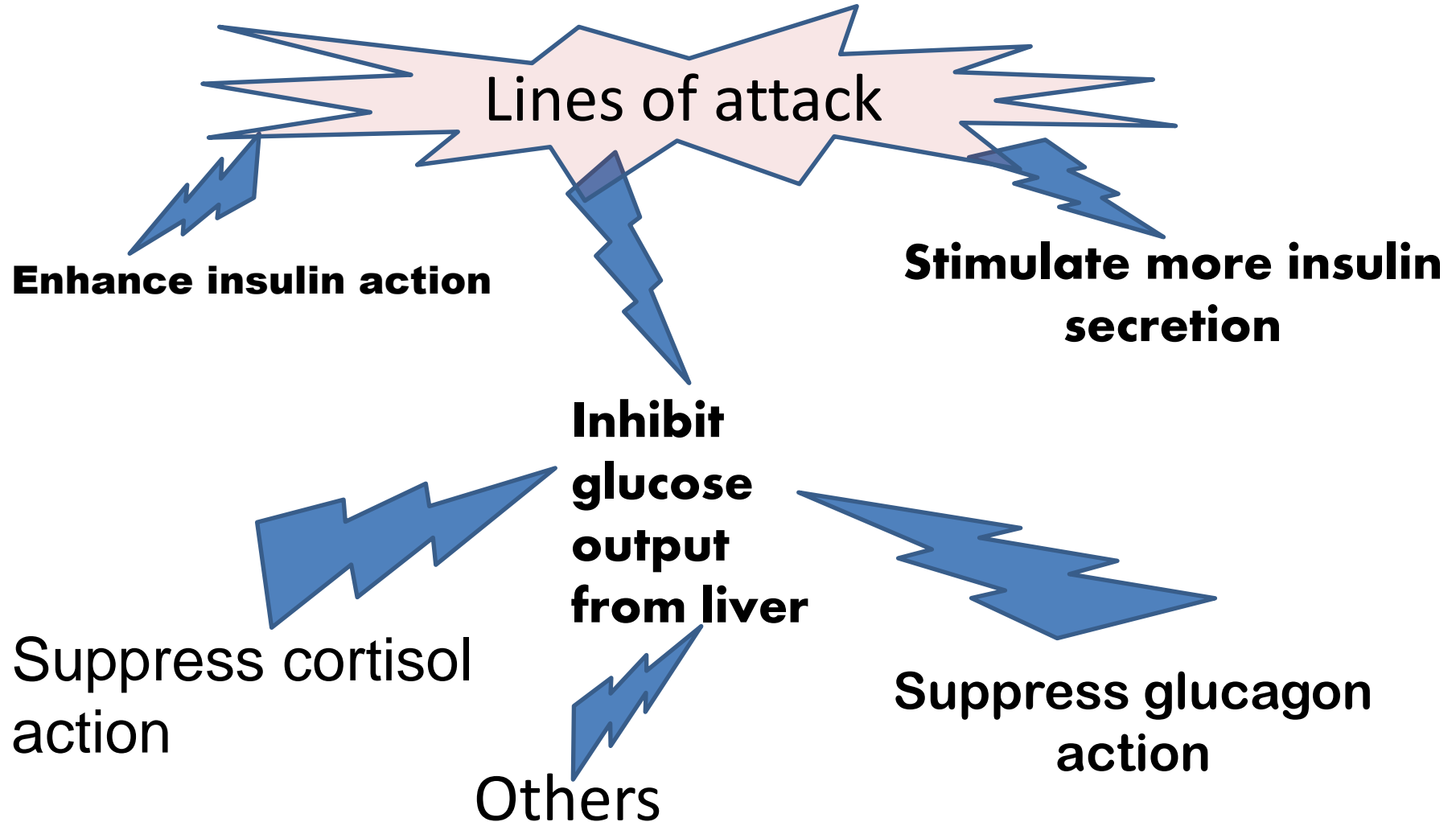
Secondary benefits

- weight loss
- lower Blood Pressure

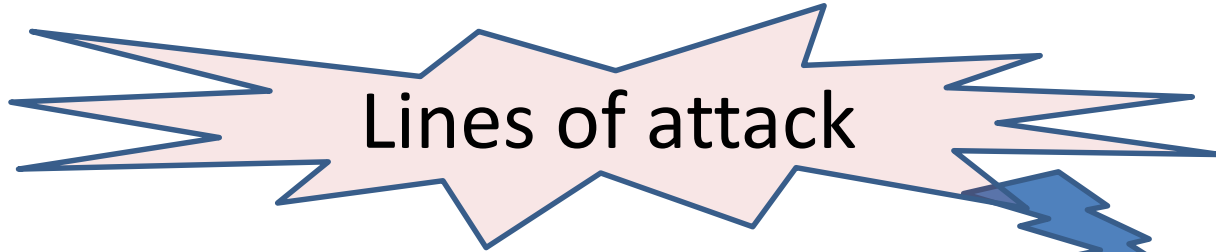
Drawbacks

- Urinary infections
- Genital thrush
- Volume depletion
- Ineffective in poor renal function

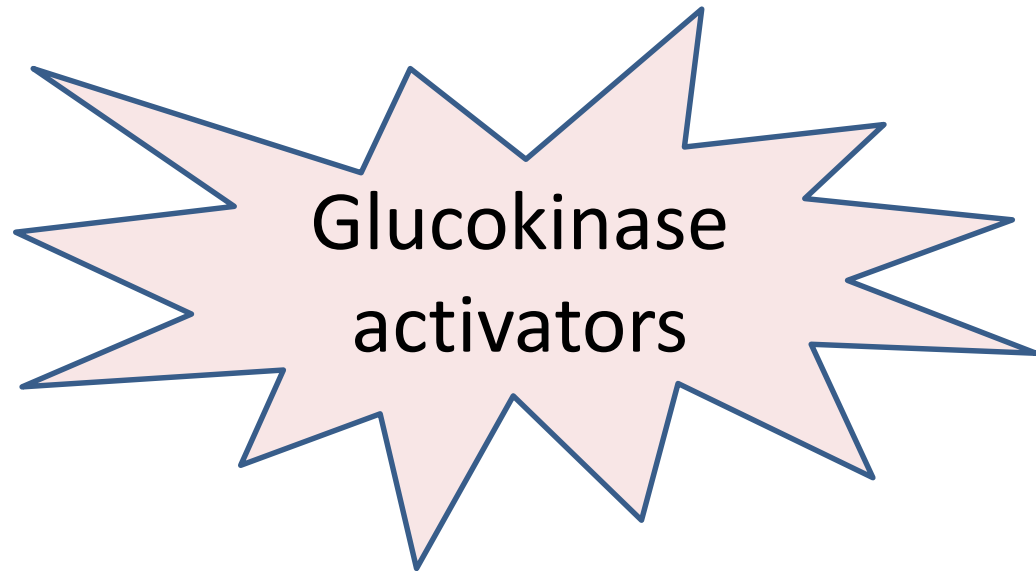
Drugs in development



Drugs in development



**Stimulate more insulin
secretion**



Glucokinase activators

- Stimulate:
 - Insulin secretion
 - Liver metabolism of glucose
- Beware:
 - Increase triglycerides
 - Liver fat / steatosis
 - Hypoglycaemia
- eg Piragliatin



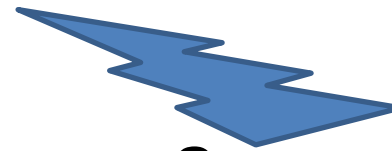
Lines of attack

Enhance stimulation of insulin secretion

- Pancreatic-G-protein-coupled fatty-acid-receptor 40 (GPR40) = free fatty acid receptor
 - Fatty acids enhance insulin secretion.
- Phase II clinical trials of GPR40 agonist TAK-875 reduced HbA_{1c} as effectively as glimepiride



**Inhibit glucose output
from liver**



**Suppress glucagon
action**

Glucagon receptor
antagonists

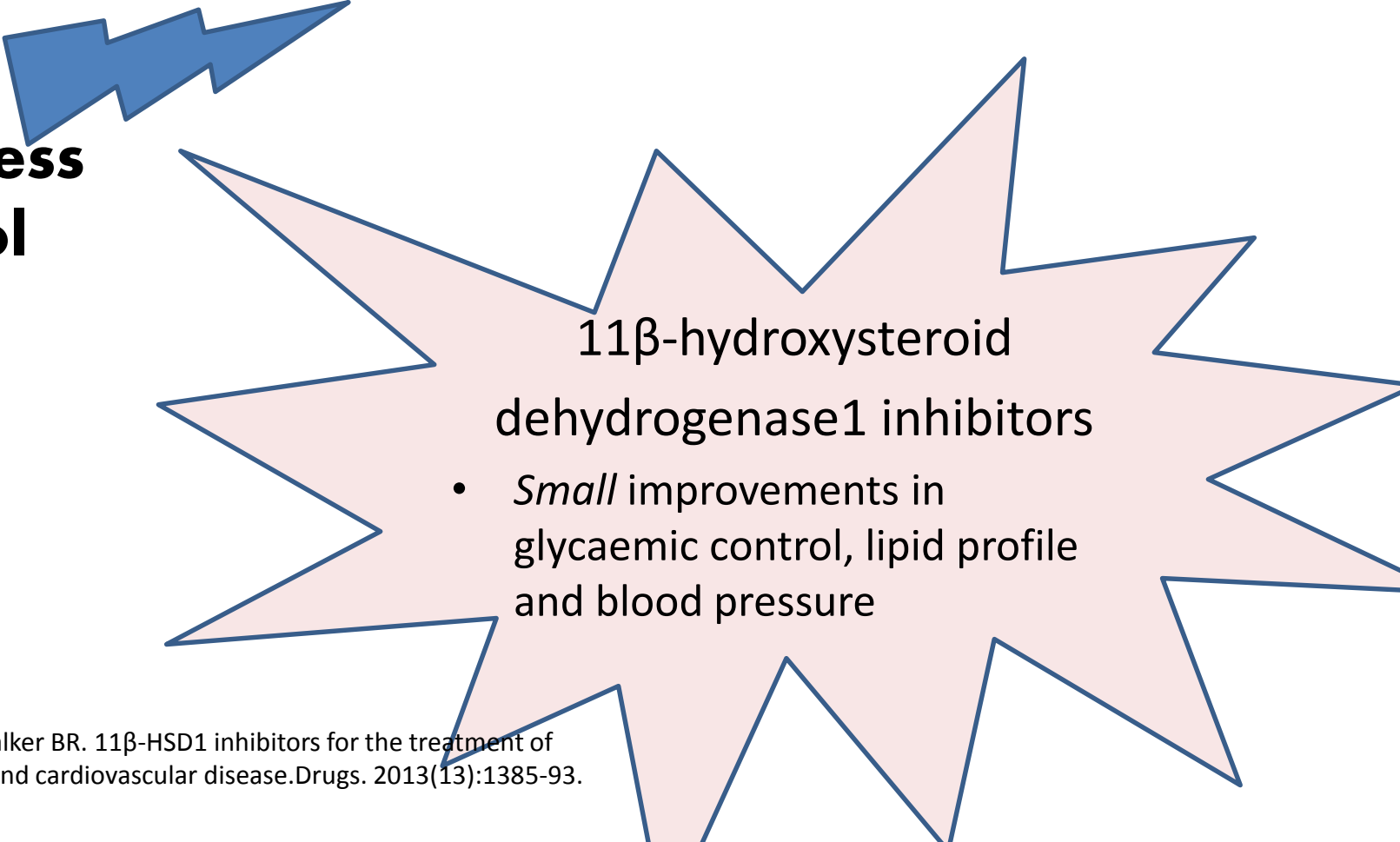
- Risk alpha cell overgrowth
- Liver enzymes deranged



Lines of attack

Inhibit glucose output from liver

**Suppress
cortisol
action**



11 β -hydroxysteroid
dehydrogenase1 inhibitors

- *Small* improvements in glycaemic control, lipid profile and blood pressure

Bariatric Surgery

operative
mortality
0.1 to 0.5%



Adjustable
Gastric Band
(AGB)



Roux-en-Y
Gastric Bypass
(RYGB)



Vertical Sleeve
Gastrectomy
(VSG)

Intestinal and
nutritional
complications
vary by
procedure.

Diabetes after bariatric surgery – cured, in remission or partially treated?

Puzziferri 2014



- **Long-term follow-up after bariatric surgery: a systematic review.**
- 7971 patients

Outcomes after 2+ years:

	Gastric Bypass	Gastric Band
% excess weight loss	66%	45%
Remission from T2 Diabetes	67%	29%
Remission from hypertension	38%	17%

Diabetes after bariatric surgery – cured, in remission or partially treated?

Brethauer 2013

- **217 patients**
 - **5+ year follow-up, mixture of surgical procedures**
 - **Outcomes**
 - 24% Complete remission
 - 26% Partial remission
 - 34% improved
 - 16% unchanged
 - **Recurrence**
 - 19%
 - **Nephropathy** regressed (53%) or stabilized (47%).
 - **No retinopathy data**
-  **Remission** more likely :
- Shorter duration of T2DM
 - higher long-term weight loss
-  **Recurrence** more likely:
- longer duration of T2DM
 - less weight loss
 - weight regain

Summary

- Type 1 diabetes
 - “New” insulins to lower risk hypos
 - Quest for artificial pancreas technology
 - Transplants
- Type 2 diabetes
 - Increase insulin secretion
 - Suppress glucose release from liver
 - Bariatric surgery

THANK YOU