pioglitazone

No tangible clinical benefit but an increased risk of heart failure.

In patients with type 2 diabetes treated with insulin, adding metformin improves the glycaated haemoglobin (HbA1c) level and reduces weight gain, without increasing the risk of hypoglycaemia (1). According to the Summaries of Product Characteristics (SPC), glitazone in combination with insulin used to be contraindicated because of an increased risk of heart failure. This contraindication was removed in 2007.

Yet there are still no data conclusively demonstrating that glitazones prevent clinical complications of diabetes (see right) (2-4). In contrast, an increased risk of adverse effects due to water-sodium retention, including heart failure, weight gain and peripheral oedema, has been confirmed in patients treated with pioglitazone plus insulin rather than with insulin alone (3). There have been similar reports in patients treated with rosiglitazone plus insulin (4).

There is no justification for adding a glitazone to insulin in the treatment of type 2 diabetes.

Selected references from Prescrire’s literature search.

In response to our request for information Takeda did not provide us with any information.


Do not use glitazones either alone or in combination for treatment of diabetes

Since 2002 the use of thiazolidinediones (glitazones) in type 2 diabetes has expanded rapidly. The reasons include: obtaining new indications for existing drugs, such as pioglitazone combined with insulin (see left); marketing approval for fixed-dose combinations with one or two other oral antidiabetics; and the removal of certain contraindications, as in the case of insulin plus rosiglitazone (alone or in combination), and pioglitazone in fixed-dose combinations (1,2).

Many of the decisions to approve these drugs for use in diabetes look like concessions. For example, after re-assessing the risk-benefit balance of glitazones the European agency considered that “the combination of rosiglitazone and insulin should only be used in exceptional cases and under close supervision” (2). In other cases, simple warnings, perhaps modifications made under pressure, were added to the summaries of characteristics, as in the case of rosiglitazone, after the publication of data establishing an increase in myocardial infarction (3-7).

Patients and healthcare professionals should focus on the clear evidence concerning glitazones. These drugs have no proven benefit in terms of clinical outcome, but their adverse effects include potentially serious disorders such as macular oedema (sometimes associated with a decline in visual acuity), fractures, myocardial infarction, and heart failure, and a risk of cancer (1,6).

As these regulatory decisions may not best serve patients’ interests, it is better to simply avoid using glitazones.