



Andrea Perrelli
Terapie innovative

Domenica 26 Aprile
DIRETTA LIVE FACEBOOK h. 18-00



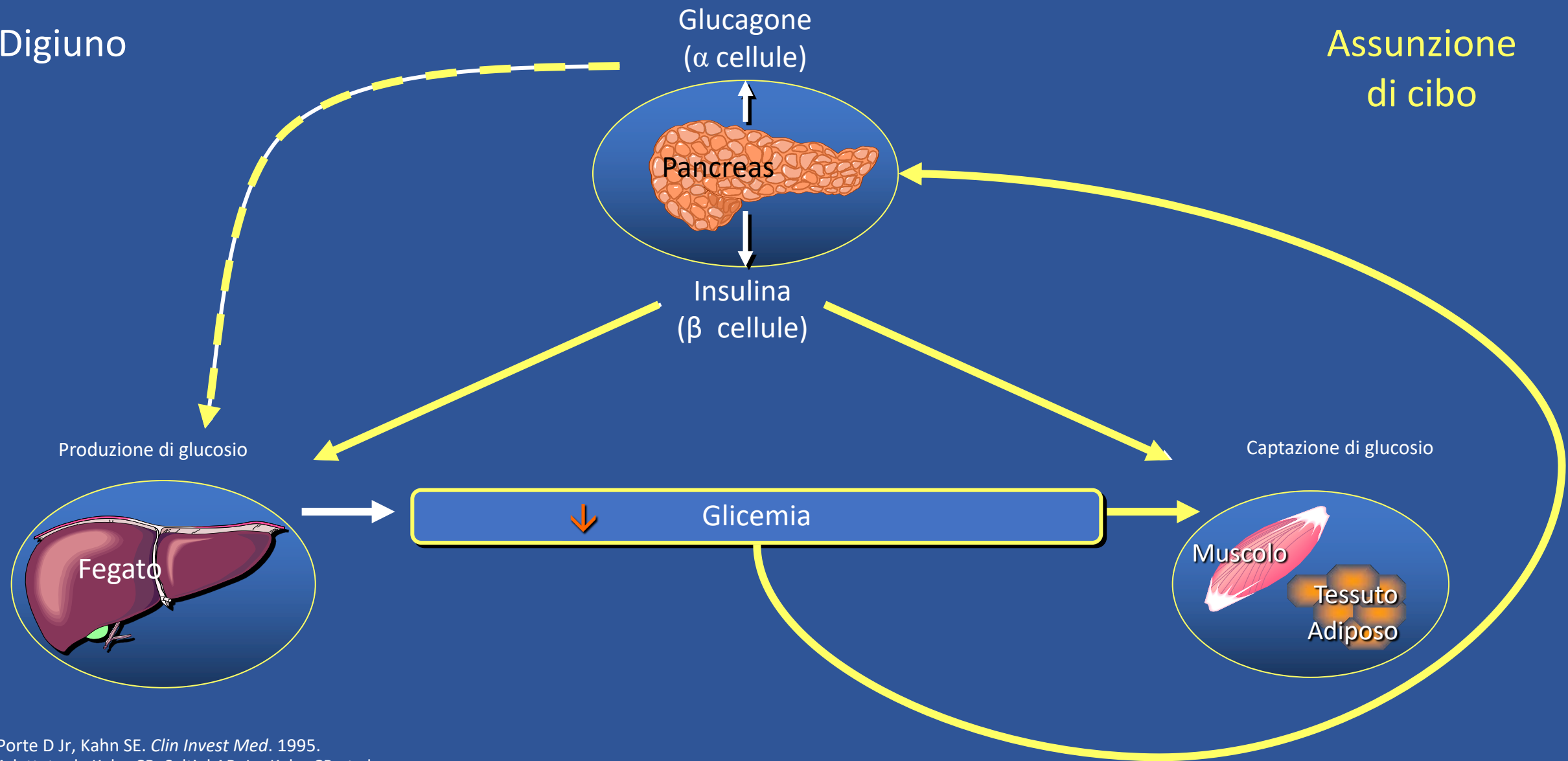
Un'ora con AMD-SID-SIEDP





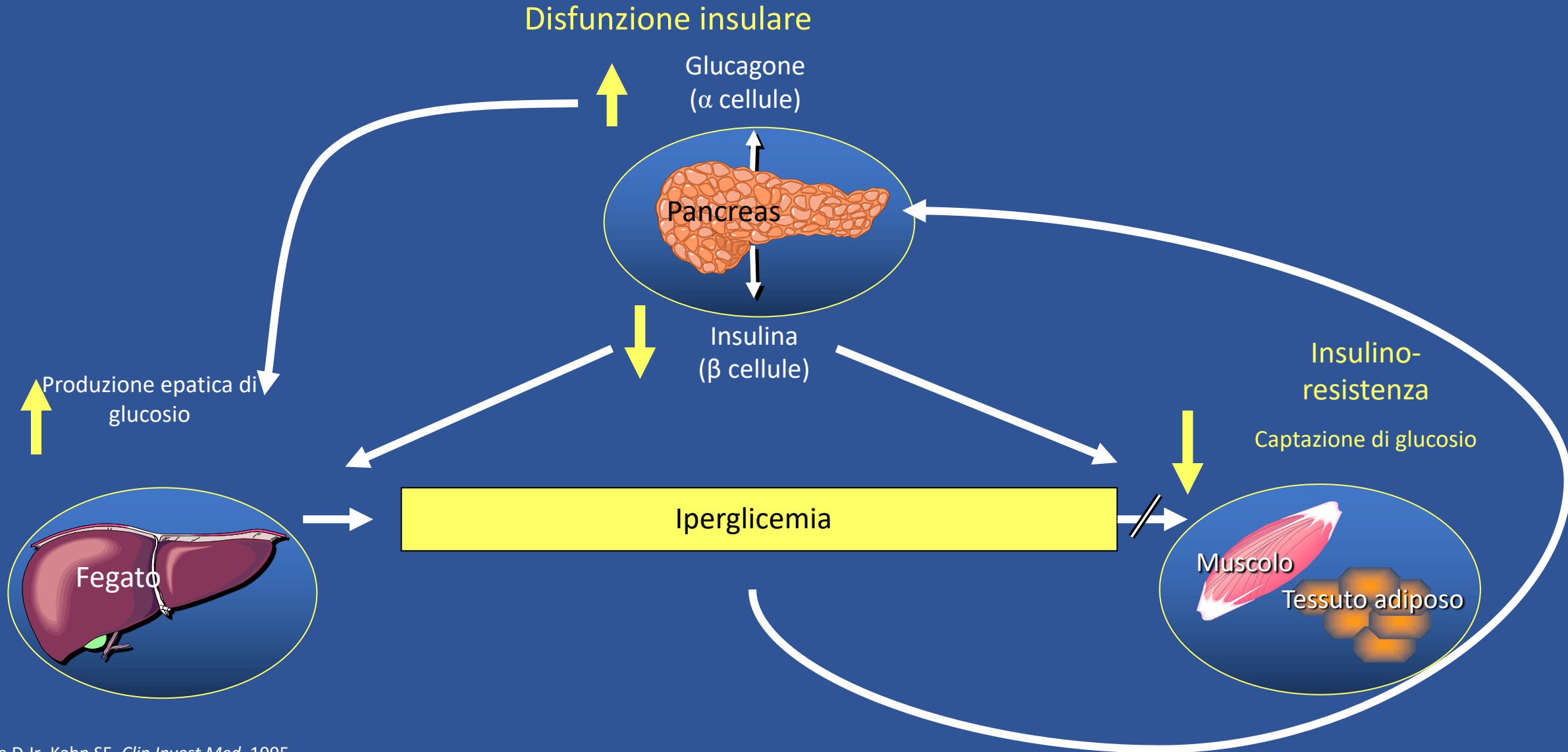
Digiuno

Assunzione di cibo

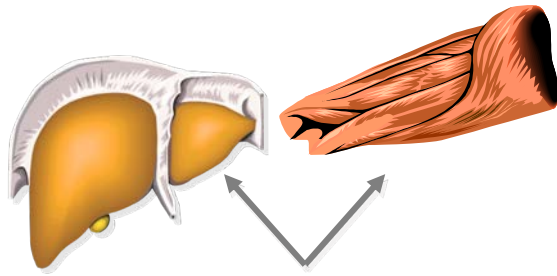


Porte D Jr, Kahn SE. *Clin Invest Med.* 1995.
Adattato da Kahn CR, Saltiel AR. In: Kahn CR et al, eds. *Joslin's Diabetes Mellitus.* 14th ed. Lippincott Williams & Wilkins; 2005.

Principali difetti fisiopatologici nel Diabete di Tipo 2

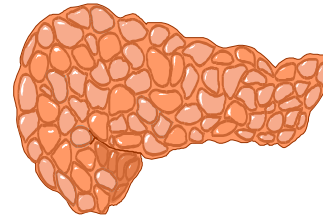


Insulino resistenza



Metformina
Pioglitazone

Secrezione isulinica



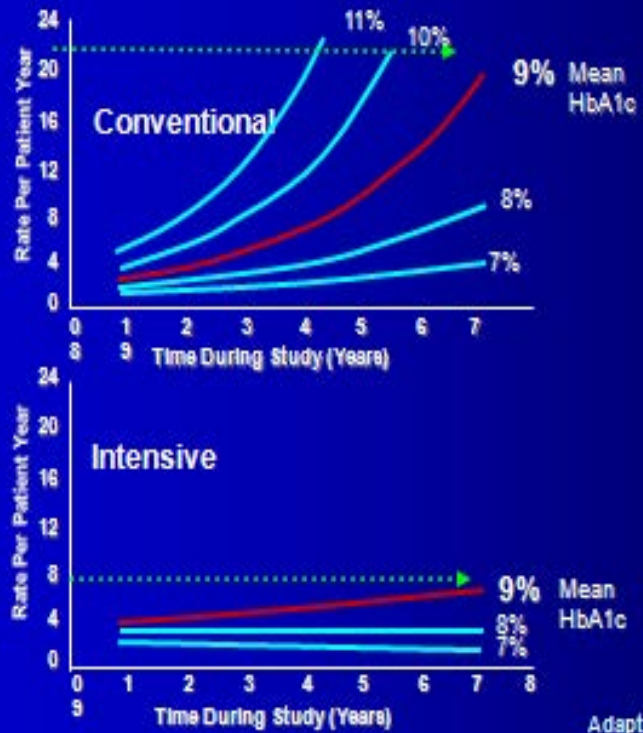
Glucosio
indipendente
Sulfaniluree
Glinidi

UKPDS

		RIDUZIONE	DEL	RISCHIO*
OGNI 1% riduzione dell'HbA1c	di	Morte per diabete		 -21%
		Attacchi cardiaci		-14%
		Complicanze microvascolari		-37%
		Malattia vascolare periferica		-43%

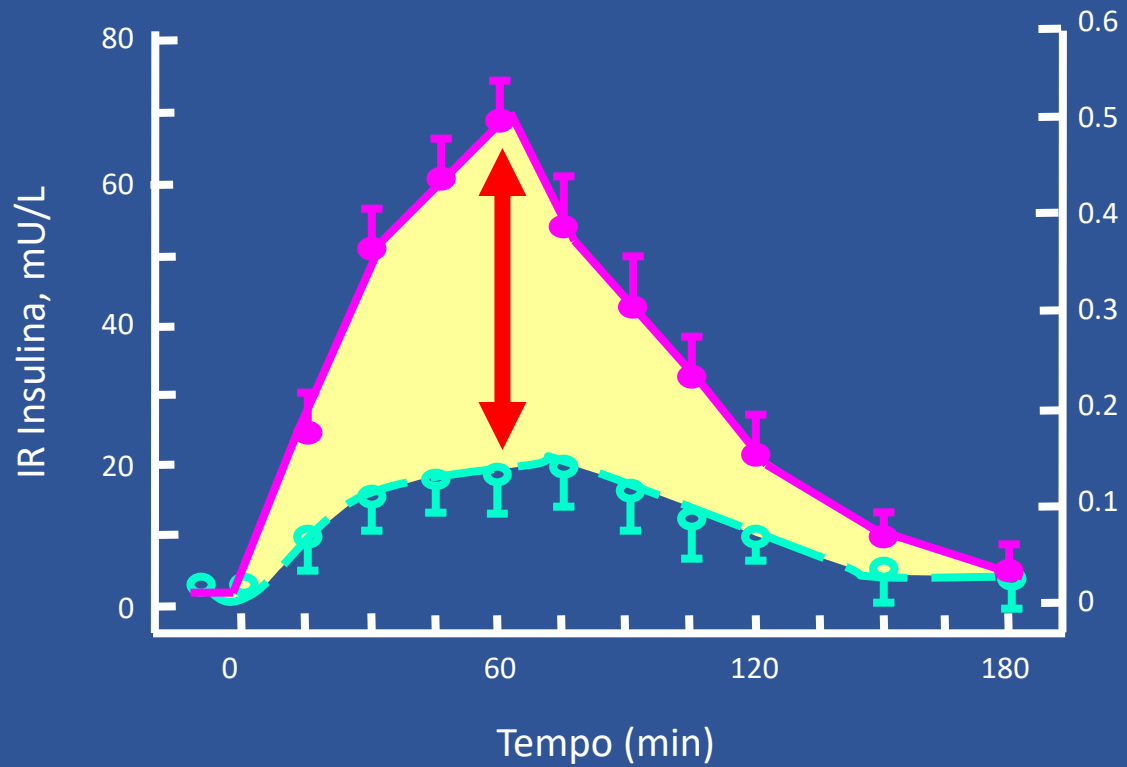
Limiti

Risk for Sustained DR in Subgroups of the DCCT



< 6.0%



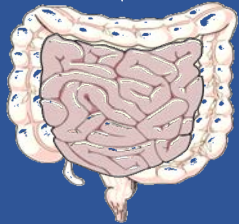


Ruolo delle incretine

Assunzione di cibo



Tratto GI



Rilascio delle incretine*

GLP-1 & GIP attivi

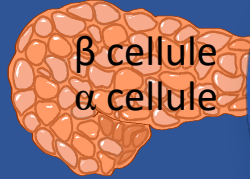
Enzima DPP-4

GLP-1 inattivo

GIP inattivo

Pancreas

↑ Insulina (GLP-1 and GIP)



↓ Glucagone

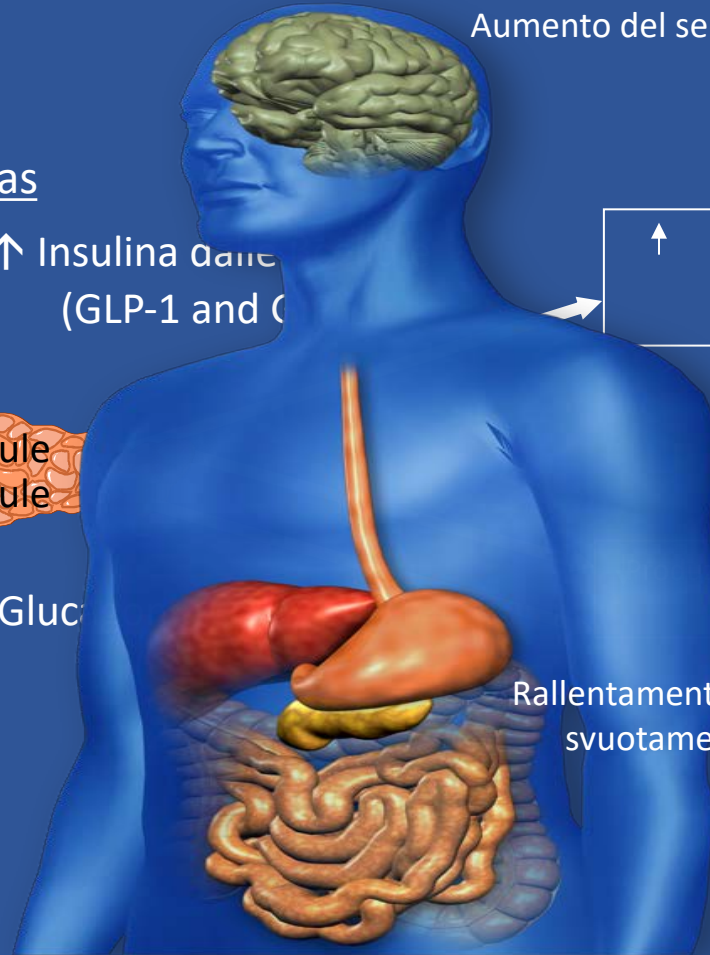
Aumento del senso di sazietà

↑ Captazione di glucosio nei muscoli

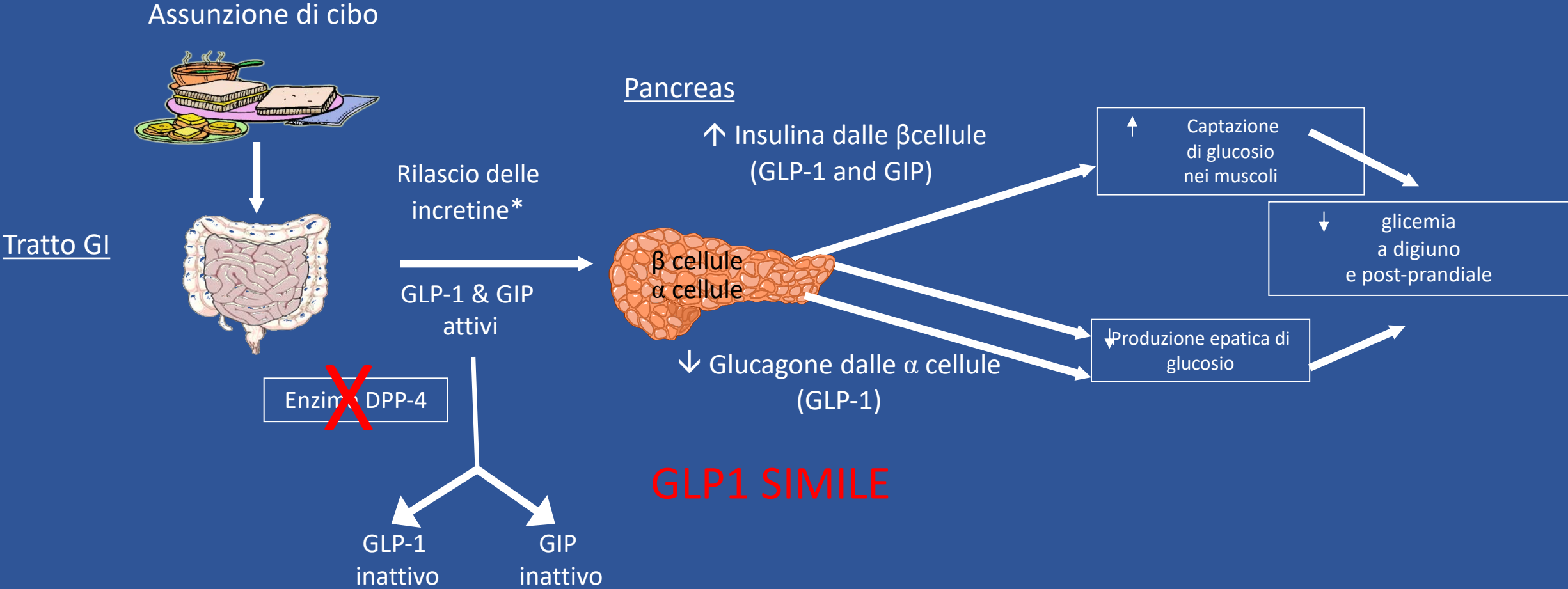
↓ glicemia a digiuno e post-prandiale

↓ Rilascio epatico di glucosio

Rallentamento dello svuotamento



Come utilizzare ?



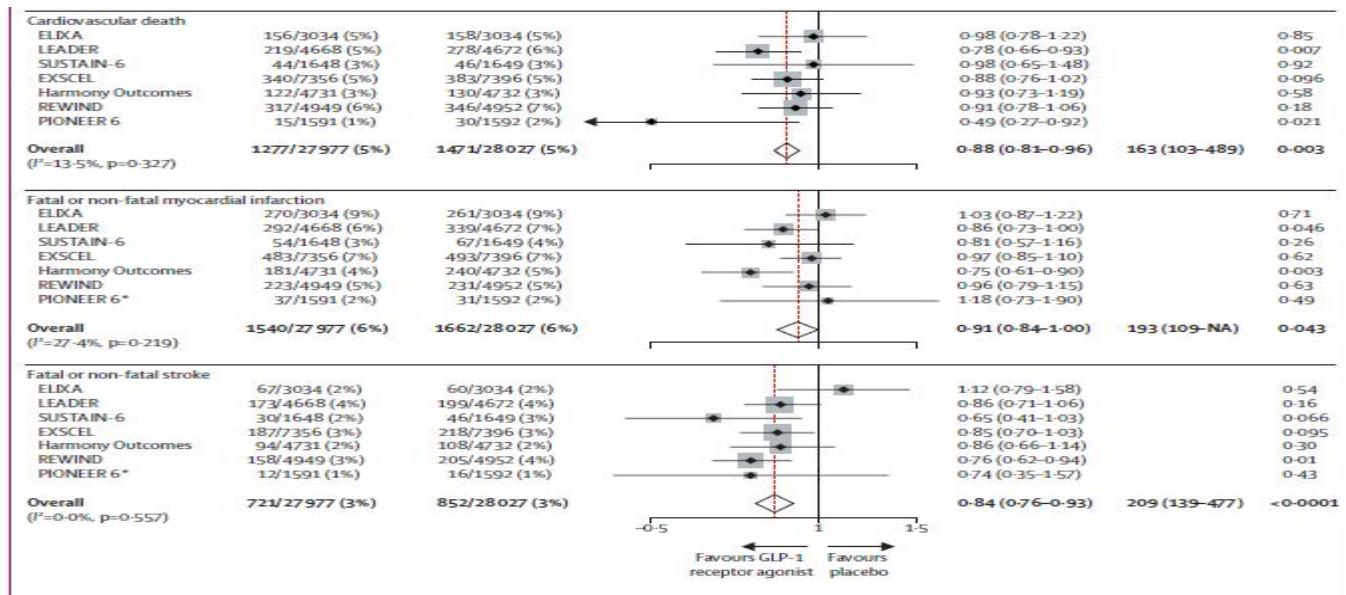
EFFETTI INDESIDERATI

NAUSEA

**Morte
cardiovascolare**
- 12%

IMA
- 9%

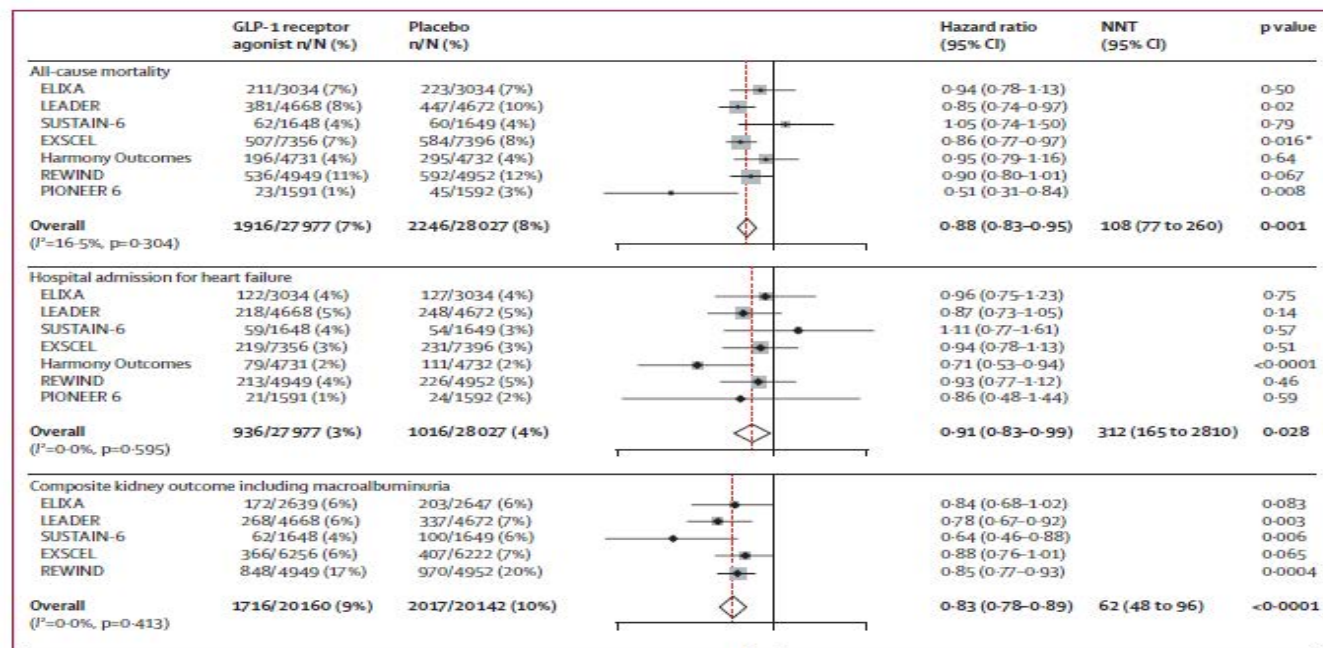
ICTUS
- 16%



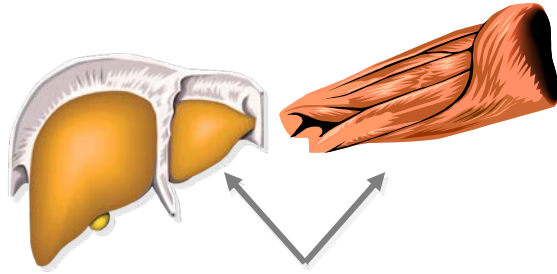
**Morte per tutte
le cause**
- 12%

**Osp. per
scopio cardiaco**
- 9%

Outcome renale
- 17%



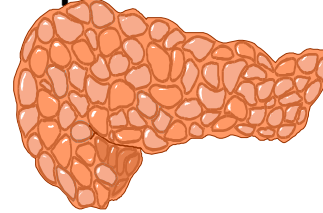
Insulino resistenza



Metformina
Pioglitazone

Secrezione isulinica

β -cellule



Glucosio
indipendente

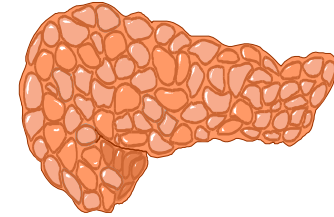
Sulfanilurea
Glinidi

Glucosio
dipendente

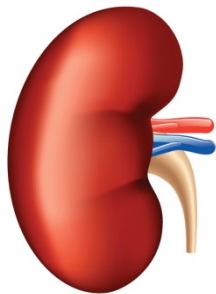
DPP-4 i
Sitagliptin, Vildagliptin,
Saxagliptin, Linagliptin, Alogliptin

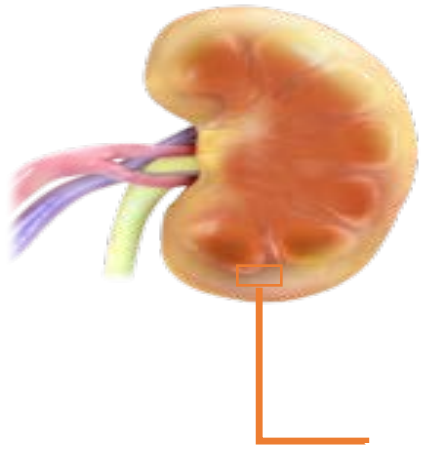
Secrezione glucagone

α -cellule

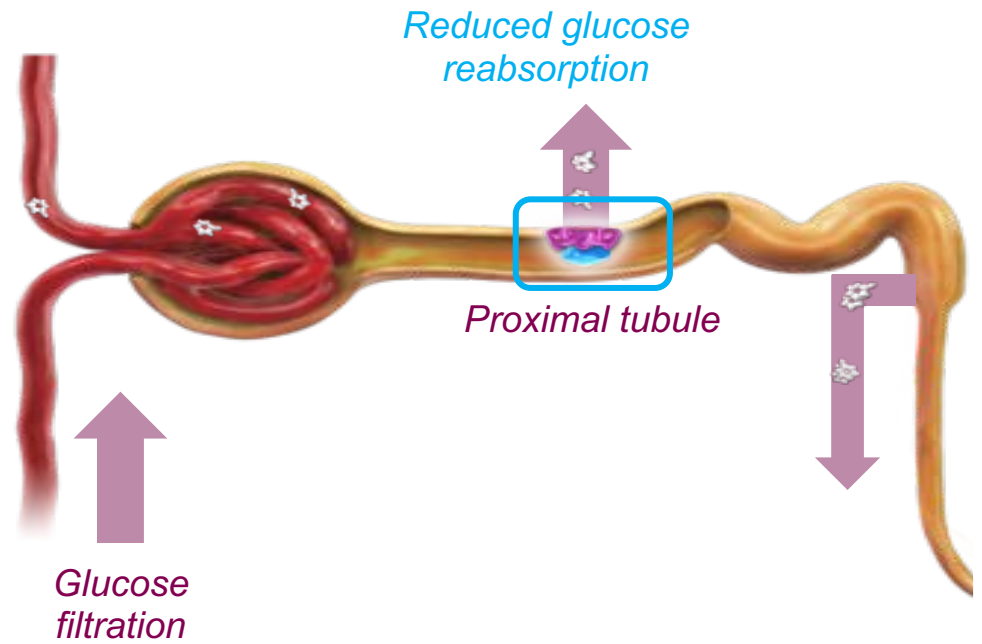


GLP-1 mimetici
Exenatide, Liraglutide,
Lixisenatide, Exenatide
LAR, Dulaglutide





 SGLT2
 Glucose
 ...gliflozin



*Increases urinary volume by only ~1 additional void/day (~375 mL/day) in a 12 week study of healthy subjects and patients with T2DM

SGLT, sodium glucose co-transporter; T2DM, Type 2 diabetes mellitus

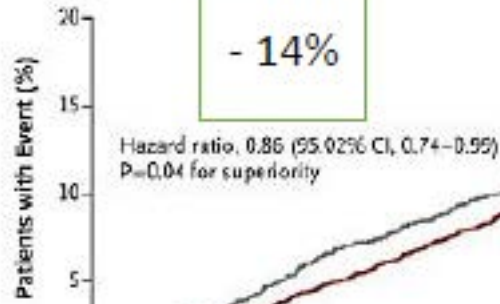
EFFETTI INDESIDERATI

Infezioni genito urinarie

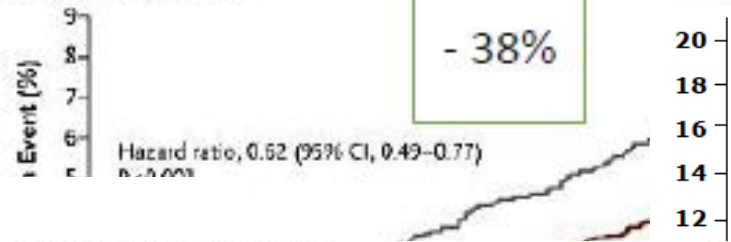
EASD 2015

Zinman et al., NEJM set 2015

A Primary Outcome

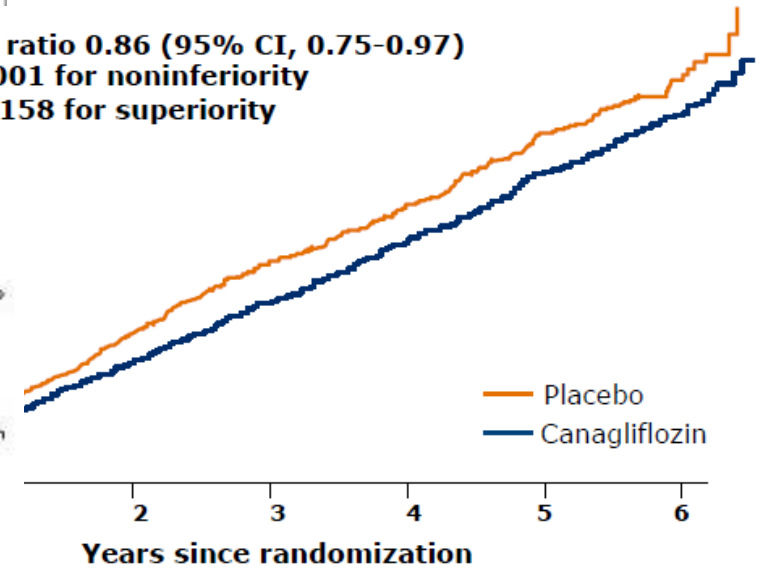
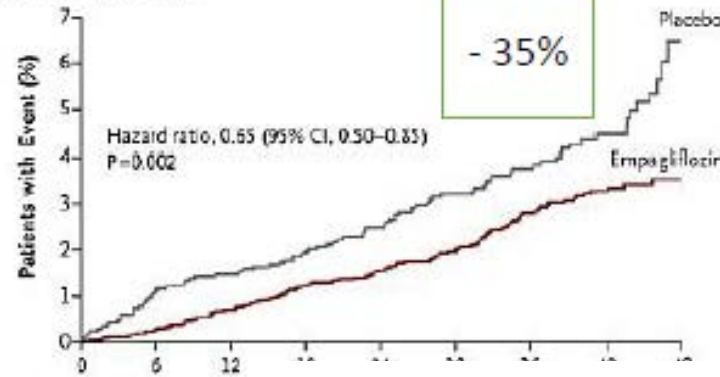


B Death from Cardiovascular Causes

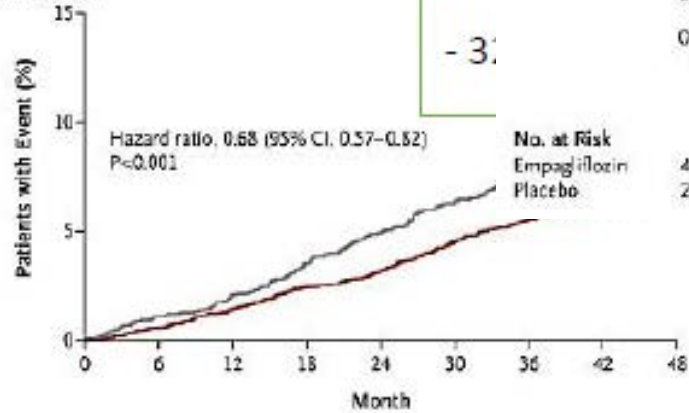


Hazard ratio 0.86 (95% CI, 0.75–0.97)
p < 0.0001 for noninferiority
p = 0.0158 for superiority

D Hospitalization for Heart Failure



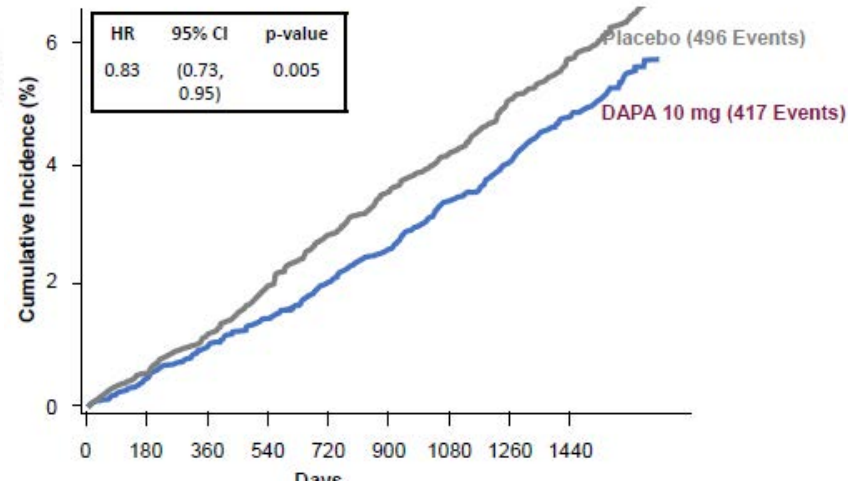
C Death from Any Cause

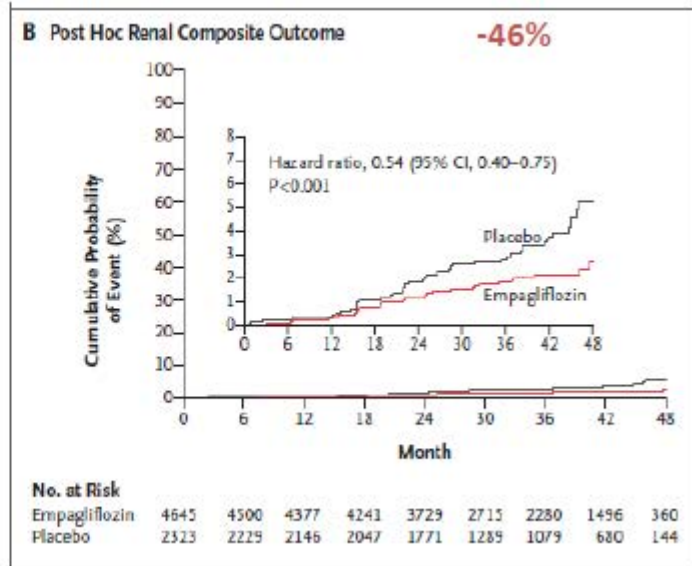
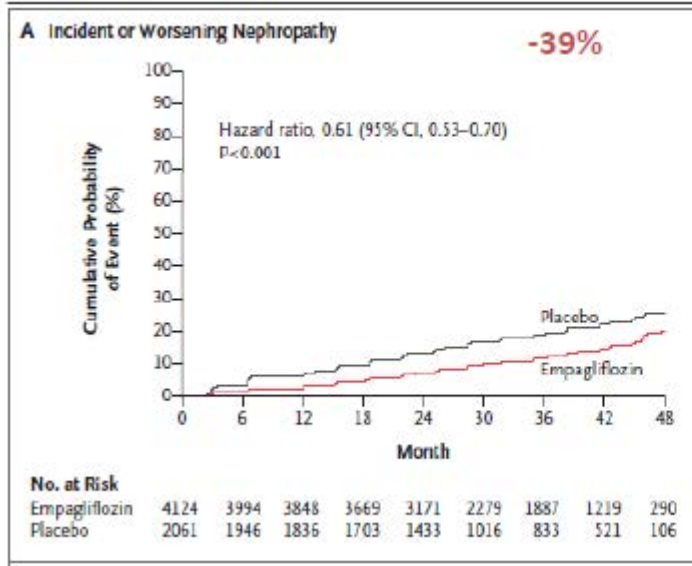
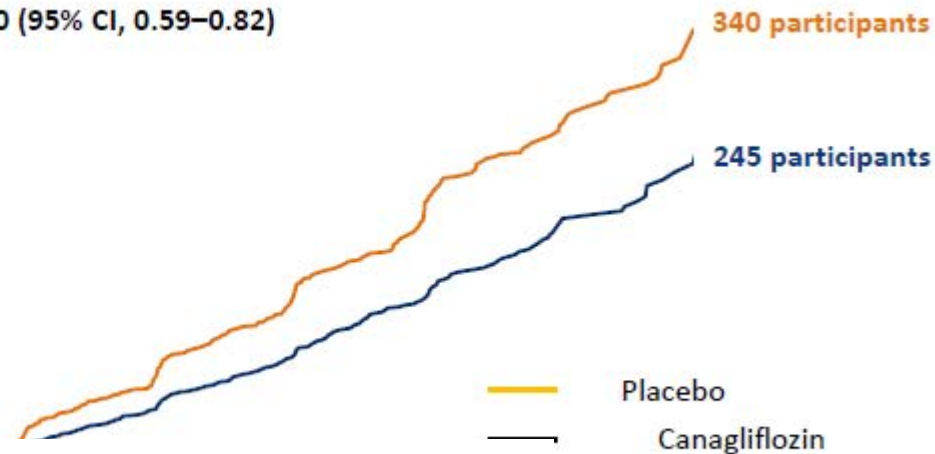
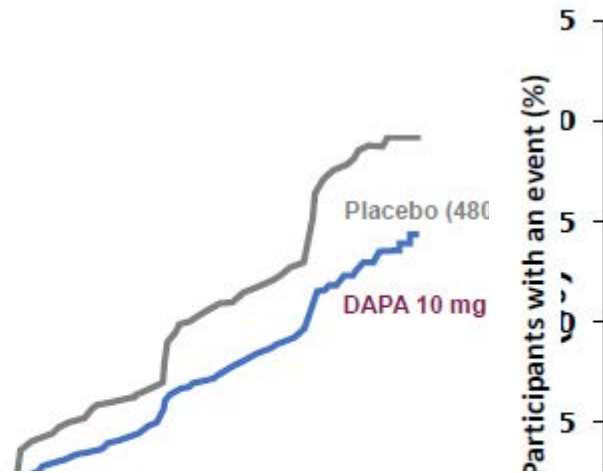
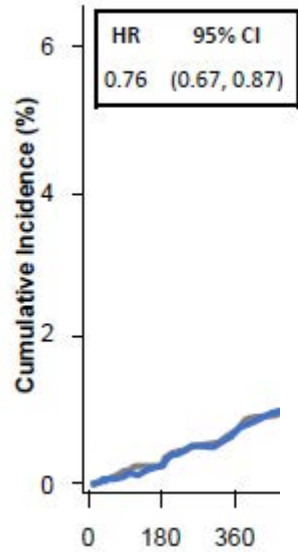


No. at Risk
Empagliflozin
Placebo

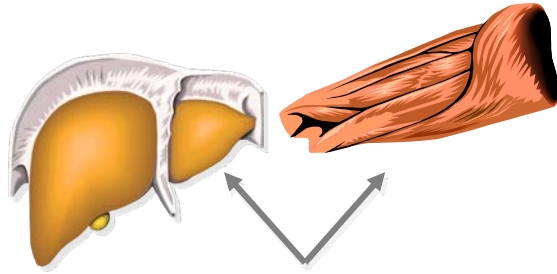
No. at Risk	0	6	12	18	24	30	36	42	48
Empagliflozin	4687	4614	4523						
Placebo	2333	2271	2226						

No. at Risk	0	6	12	18	24	30	36	42	48
Empagliflozin	4687	4651	4608	4556	4128	3079	2617	1722	414
Placebo	2133	2301	2280	2243	2012	1503	1281	825	177





Insulino resistenza



Metformina
Pioglitazone

Secrezione isulinica

β -cellule



Glucosio
indipendente

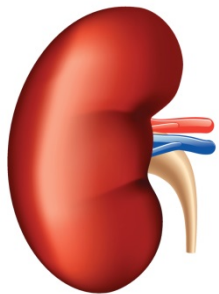
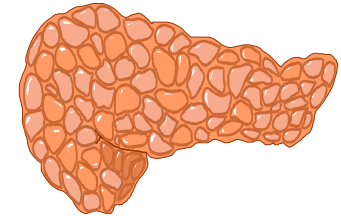
Sulfanilurea
Glinidi

Glucosio
dipendente

DPP-4 i
Sitagliptin, Vildagliptin,
Saxagliptin, Linagliptin, Alogliptin

Secrezione glucagone

α -cellule



Riassorbimento renale del glucosio

SGLT2i

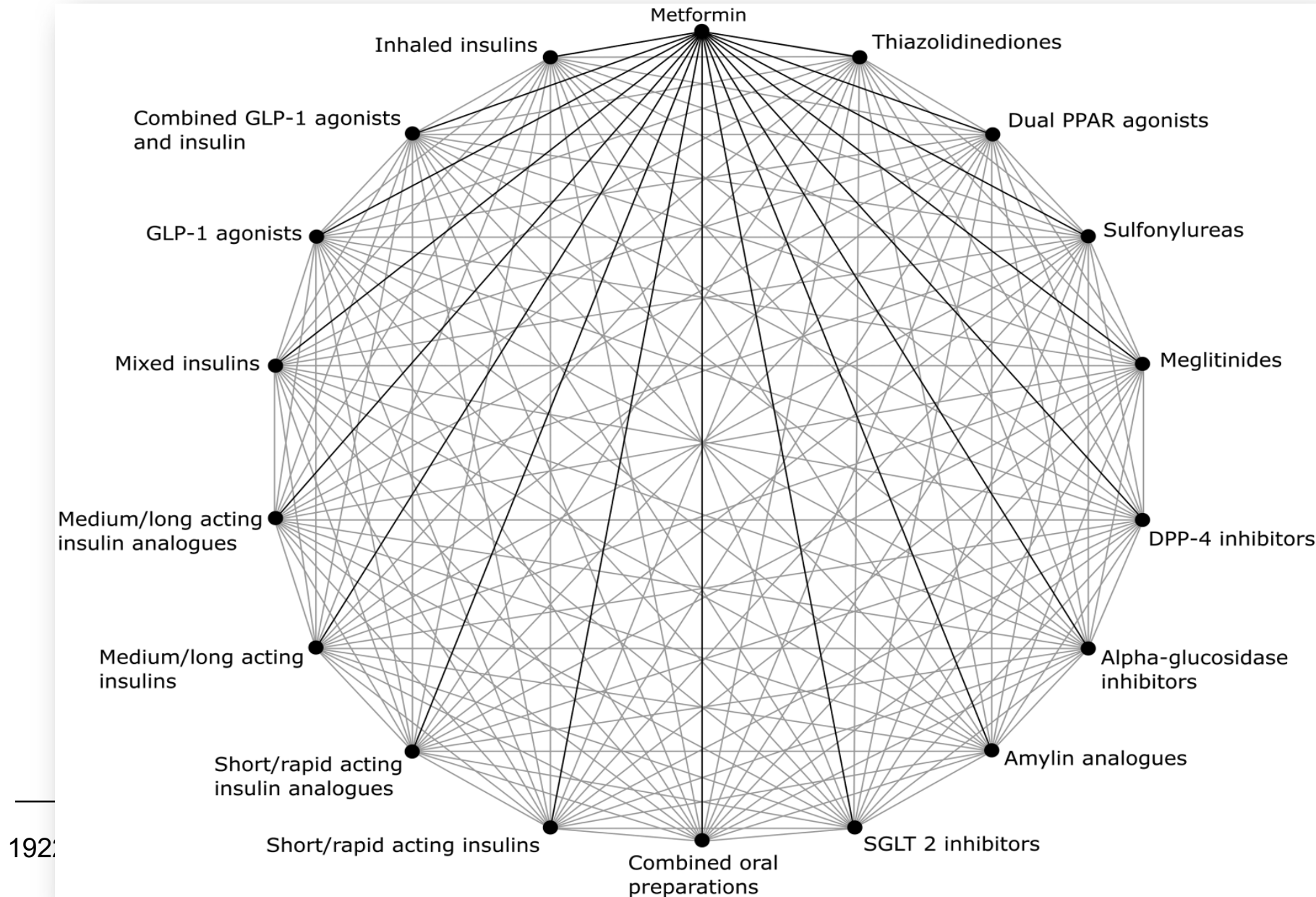
Dapagliflozin, Canagliflozin,
Empagliflozin , Ertugliflozin

GLP-1 mimetici

Exenatide, Liraglutide,
Lixisenatide, Exenatide
LAR, Dulaglutide



Opzioni terapeutiche per il diabete tipo 2



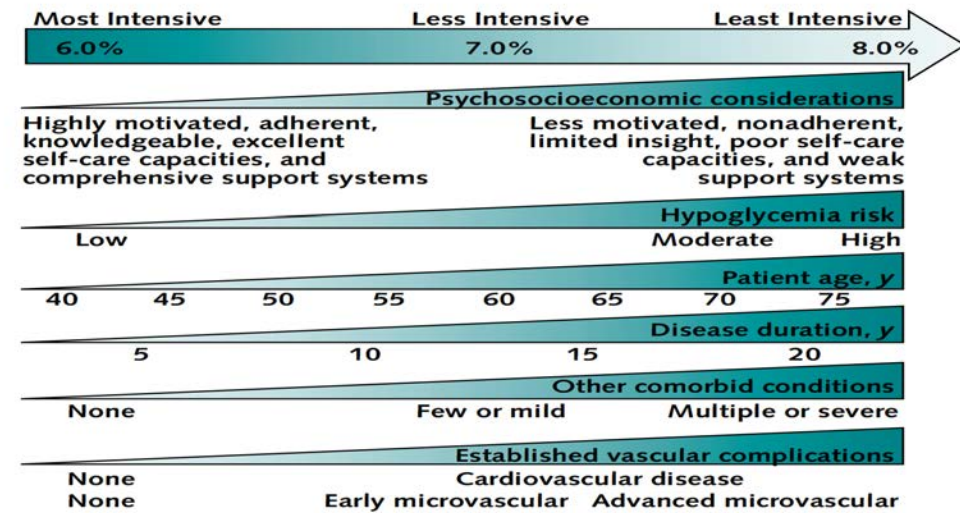
Individualizing Glycemic Targets in Type 2 Diabetes Mellitus: Implications of Recent Clinical Trials

Faramarz Ismail-Beigi, MD, PhD; Etie Moghissi, MD; Margaret Tiktin, MD; David Hirsch, MD; Silvio E. Inzucchi, MD; and Saul Genuth, MD



BUONA DOMENICA

Figure. Framework to assist in determining glycemic treatment targets in patients with type 2 diabetes.





Un'ora con AMD-SID-SIEDP



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Associazione Medici Diabetologi AMD
Fondazione Diabete Ricerca Onlus
SIEDP Società Italiana di Endocrinologia e Diabetologia Pediatrica

Supporto tecnologico

