Addition of exenatide therapy to oral blood glucose lowering treatment in individuals with type 2 diabetes

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We developed a structured shared care protocol for initiation of exenatide in Oxfordshire. We report an ongoing, prospective study to determine the impact of the addition of exenatide to existing oral antihyperglycaemic therapy in type 2 diabetic patients in relation to glycaemia, body weight and adverse events.

Patient care pathway, referral criteria and patient information leaflets were developed. Patients referred from a specialist diabetes clinic and primary care were seen jointly by a physician and DSN for initiation of exenatide and a dietetic referral was offered. They were contacted one week later by telephone and then seen at 1, 3, 6 and 12 months.

The 38 patients (14 women) studied were median (IQR) age 53 (48.0-58.5) years, body mass index (BMI) 37.4 (33.6-41.0) kg/m^2, waist circumference 125 (117-134) cm, known diabetes duration 9 (5.2-11.0) years and HbA_{1c} 9.5 (8.6-10.7) %. 30 were taking metformin, 21 sulphonylureas and 7 thiazolidinediones, with 10 on monotherapy, 18 on dual and 5 on triple therapy.

An interim analysis at 3 months showed a mean (SD) decrease in BMI of 1.2 (1.2) kg/m^2 ($p<0.001$), waist circumference 4.8 (5.4) cm ($p<0.001$) and HbA1c 1.3% (0.98) % ($p<0.001$). Sulphonylureas were stopped in 2 (10%) and doses decreased in 8 (38%) patients. 15 patients experienced transient, self-limiting nausea and 6 reported infrequent symptomatic hypoglycaemia, two of whom were taking secretagogues.

Addition of exenatide to oral diabetes therapy can improve glycaemic control and promote weight loss without unacceptable adverse events or undue hypoglycaemia.