



# Research Bulletin from the Diabetes Trials Unit Translational Research Group

Issue 12 – October 2013

Welcome to our autumn 2013 bulletin. The Translational Research Group are entering an exciting period with; the presentation of the Aspirin Dosing study results, the addition of a new Investigator, a new study recruiting and several more studies lined up in the New Year!

Please read on to find out more.

## The Aspirin Dosing (ASP) Study Trial results presented to participants

This month, we were pleased to host a “coffee morning” for people who took part in this important study designed to identify which dose of aspirin might best help reduce the risk of people with diabetes having a heart attack or stroke.

Professor Rury Holman (far left), who led the study, presented the results to the participants, before giving them the opportunity to ask questions.



We are aiming to publish the study results in a scientific journal shortly.

Please look out for details in a future bulletin and on our website at [www.dtu.ox.ac.uk/trg](http://www.dtu.ox.ac.uk/trg)

## New Investigator joins TRG



We are delighted to welcome Dr Jyothis George to the TRG team. Jyothis, a senior clinical researcher, joined us in August this year from the

University of Edinburgh.

Jyothis’ specialist clinical training to be a consultant in diabetes and endocrinology was split across Yorkshire and Edinburgh.

Working for the Medical Research Council in Edinburgh, he carried out first-in-human studies of two novel hormones, one of which is kisspeptin. His studies have shown that this hormone, named after a brand of chocolate (Hershey’s Kisses) can help the body stimulate testosterone secretion.

Jyothis is currently Principal Investigator for the “Body Mass, Diabetes and sensitivity to Kisspeptin trial” and looking to recruit people for this study in OCDEM’s Clinical Research Unit – see further details below.

We wish him every success in his new rôle.

## Now recruiting!

### Remote Mood Monitoring Study

*We are looking for 20 people with type 2 diabetes who are about to start an injectable therapy such as insulin.*

This pilot study is evaluating whether a simple SMS text-messaging or website-based system can be used to help people with type 2 diabetes monitor possible mood changes.

To find out more about this study E-mail [cru@ocdem.ox.ac.uk](mailto:cru@ocdem.ox.ac.uk) or call 01865 857287.

## Looking to recruit in the New Year

### **Lixisenatide in Type 1 Diabetes**

#### ***We need 30 people with type 1 diabetes***

Lixisenatide is used currently to treat people with type 2 diabetes. We are looking to see whether it can also improve blood glucose control in people with type 1 diabetes when given in addition to their usual insulin therapy.

## Studies coming on-line in 2014

### **Hypoglycaemia Alert**

#### ***We will need 10 people without diabetes who are undergoing an Insulin Tolerance Test***

This study is looking at new ways to give people with diabetes earlier and more reliable warning of hypoglycaemia (episodes of very low blood sugar levels). We will be examining changes in pulse rate, breathing rate, sweating and other body changes, in combination with continuous blood sugar monitoring data to see if we can better predict hypoglycaemia.

### **Restoring testosterone in men with diabetes**

#### ***We will need 10 men with type 2 diabetes who are < 45 years old***

A third to a half of all men with type 2 diabetes are thought to have low testosterone for reasons that remain uncertain.

This study will examine how a hormone called Kisspeptin, which is present in all our brains, can boost the body's natural production of testosterone. It is being set up in Oxford in addition to Edinburgh, where it is already running successfully.

## In the Headlines...

### **NHS funding now available for type 2 diabetes treatment Forxiga**

NICE (National Institute for Health and Care Excellence) has recommended that adults with type 2 diabetes in England and Wales should have access via the NHS to a new oral medicine called Forxiga (dapagliflozin). This medicine would be used in combination with metformin, and in combination with insulin with or without other oral antidiabetic drugs.

The NICE guidance stated that treatment should only be continued if the patient has had a reduction of at least 0.5% (18 mmol/mol) in their average HbA<sub>1c</sub> levels within six months. Previous data has already confirmed that patients taking dapagliflozin, on average, would meet this target.

Data recently presented at the European Association for the Study of Diabetes congress showed that when dapagliflozin was added to metformin more than half of patients also achieved a 0.5% reduction in HbA<sub>1c</sub> target at one year. In addition, less frequent rates of hypoglycaemia were reported.

See the following link for further details:  
<http://tinyurl.com/NICEForxiga>