



Andrea Perrelli
Terapie innovative

Domenica 26 Aprile
DIRETTA LIVE FACEBOOK h. 18-00



Un'ora con AMD-SID-SIEDP

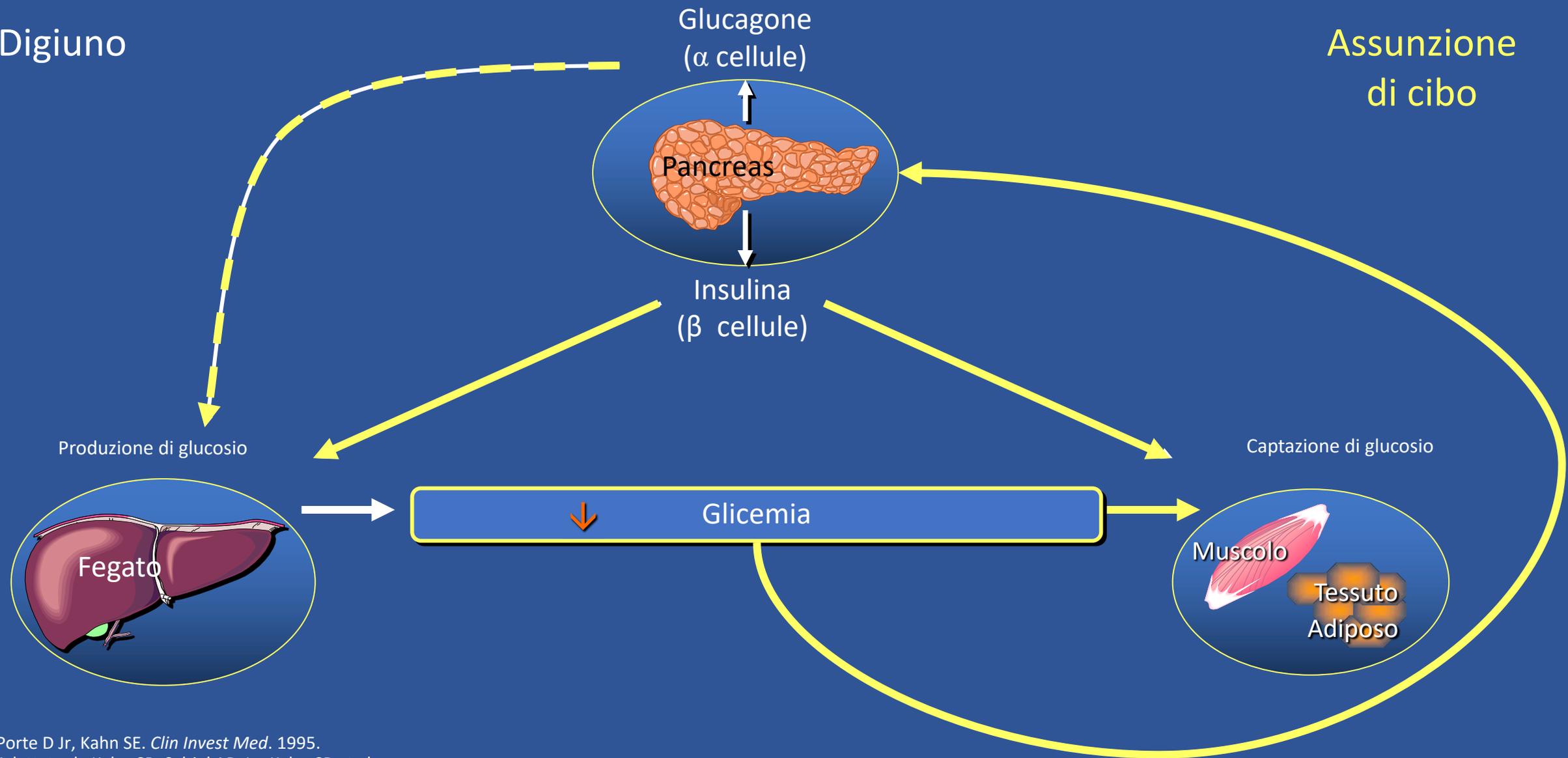
Supporto tecnologico





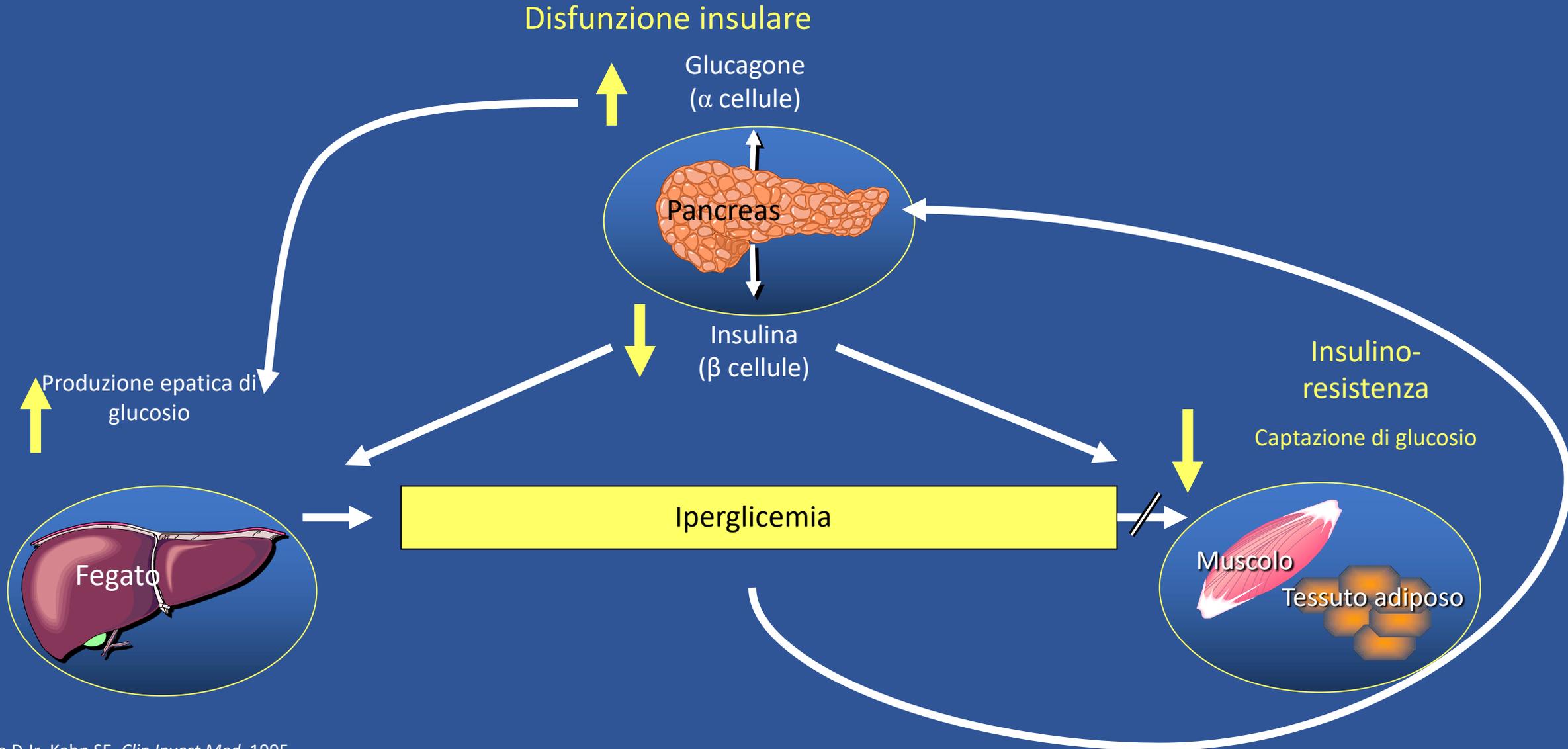
Digiuno

Assunzione di cibo

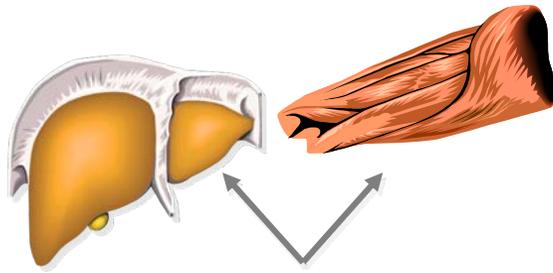


Porte D Jr, Kahn SE. *Clin Invest Med.* 1995.
Adattato da Kahn CR, Saltiel AR. In: Kahn CR et al, eds. *Joslin's Diabetes Mellitus.* 14th ed. Lippincott Williams & Wilkins; 2005.

Principali difetti fisiopatologici nel Diabete di Tipo 2

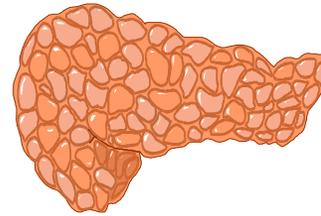


Insulino resistenza



Metformina
Pioglitazone

Secrezione isulinica



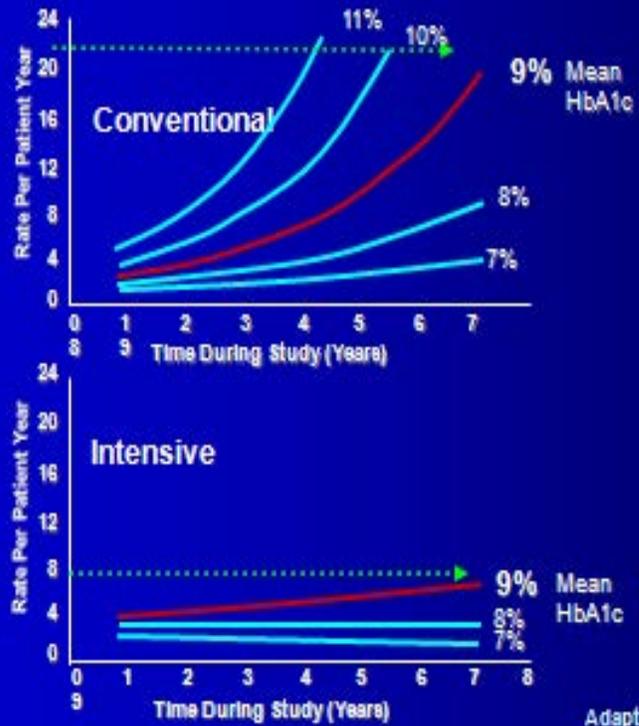
Glucosio
indipendente
Sulfaniluree
Glinidi

UKPDS

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

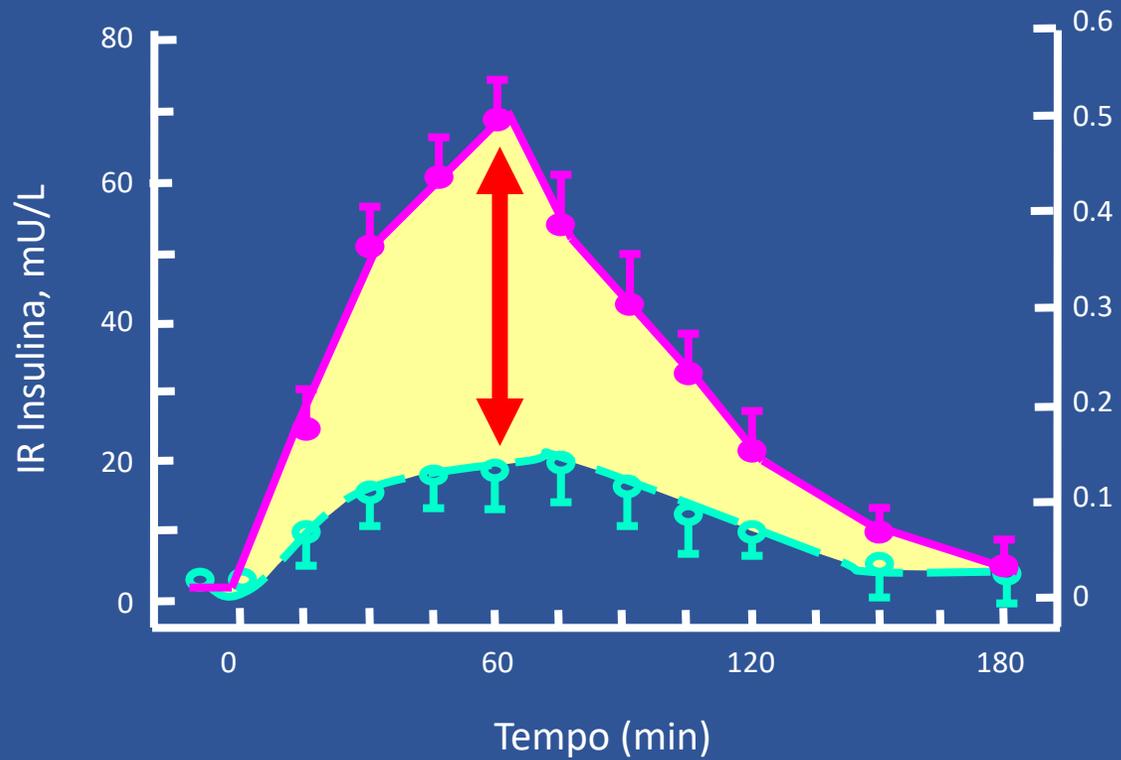
Limiti

Risk for Sustained DR in Subgroups of the DCCT



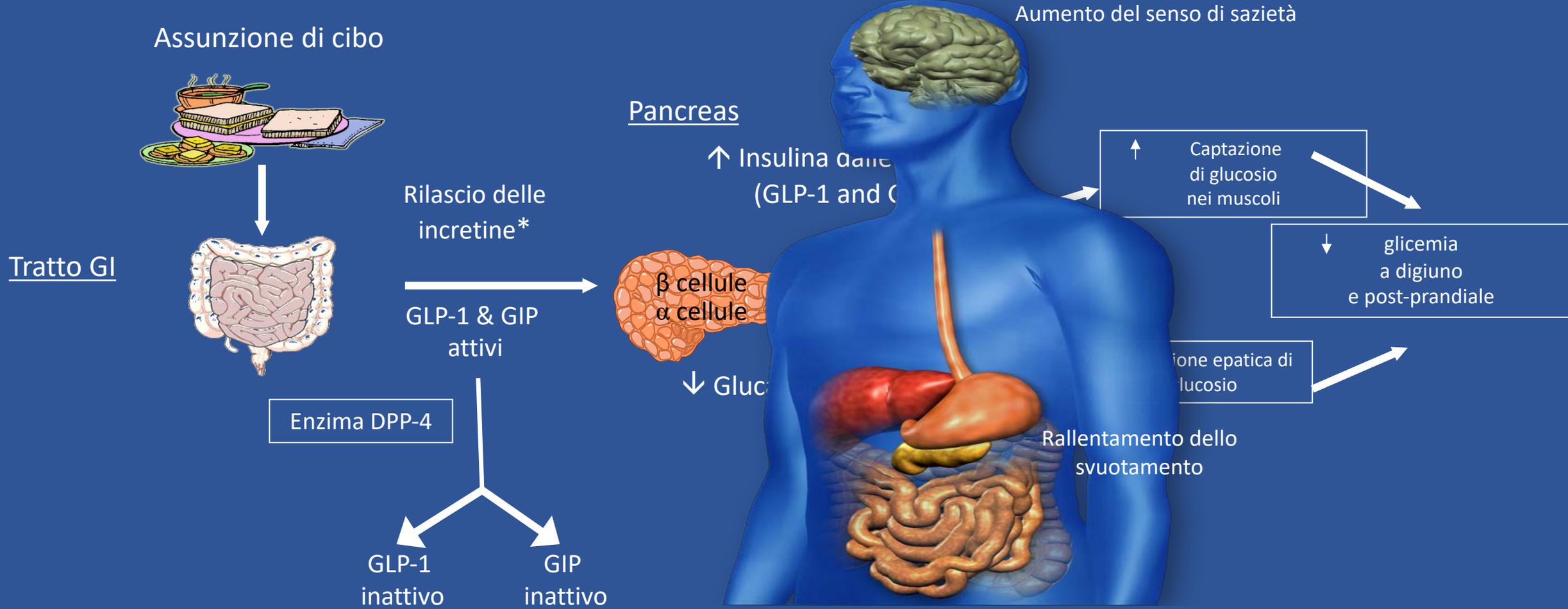
< 6.0%



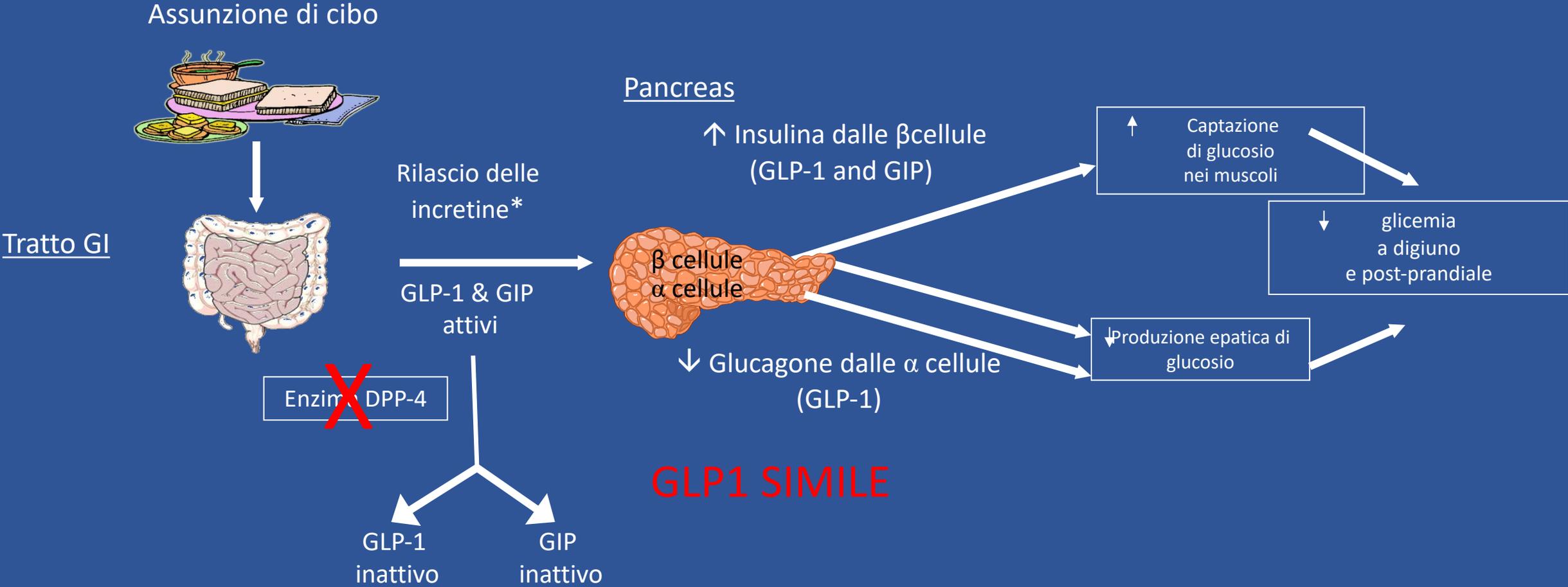


Blank box for notes or additional information.

Ruolo delle incretine



Come utilizzare ?



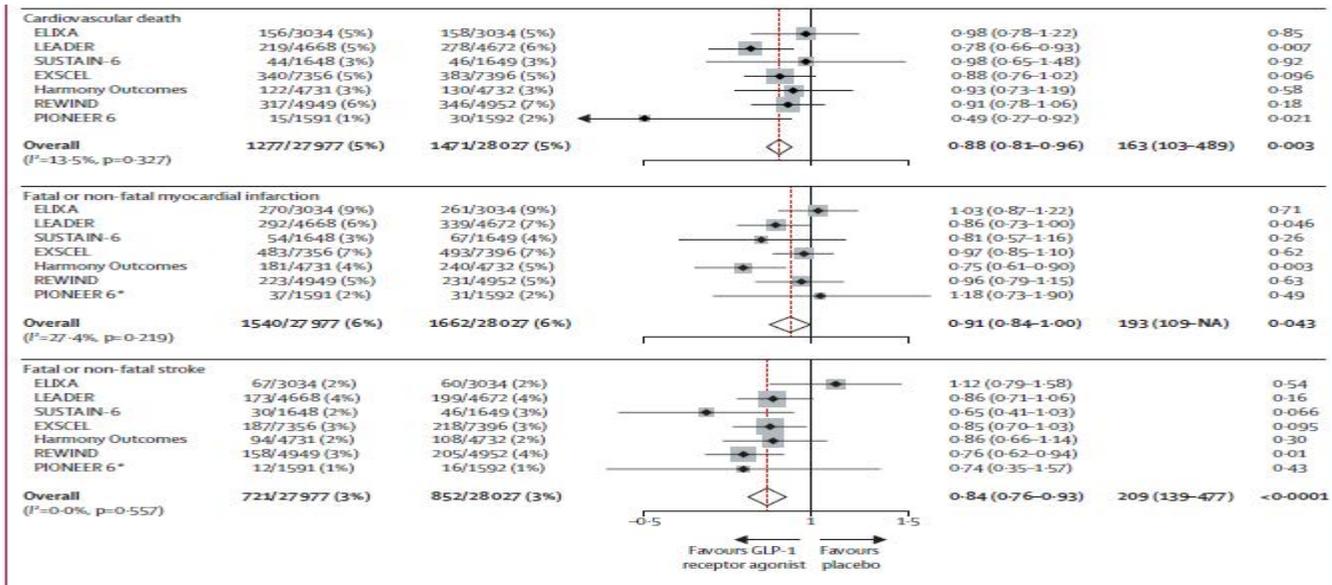
EFFETTI INDESIDERATI

NAUSEA

**Morte
cardiovascolare**
- 12%

IMA
- 9%

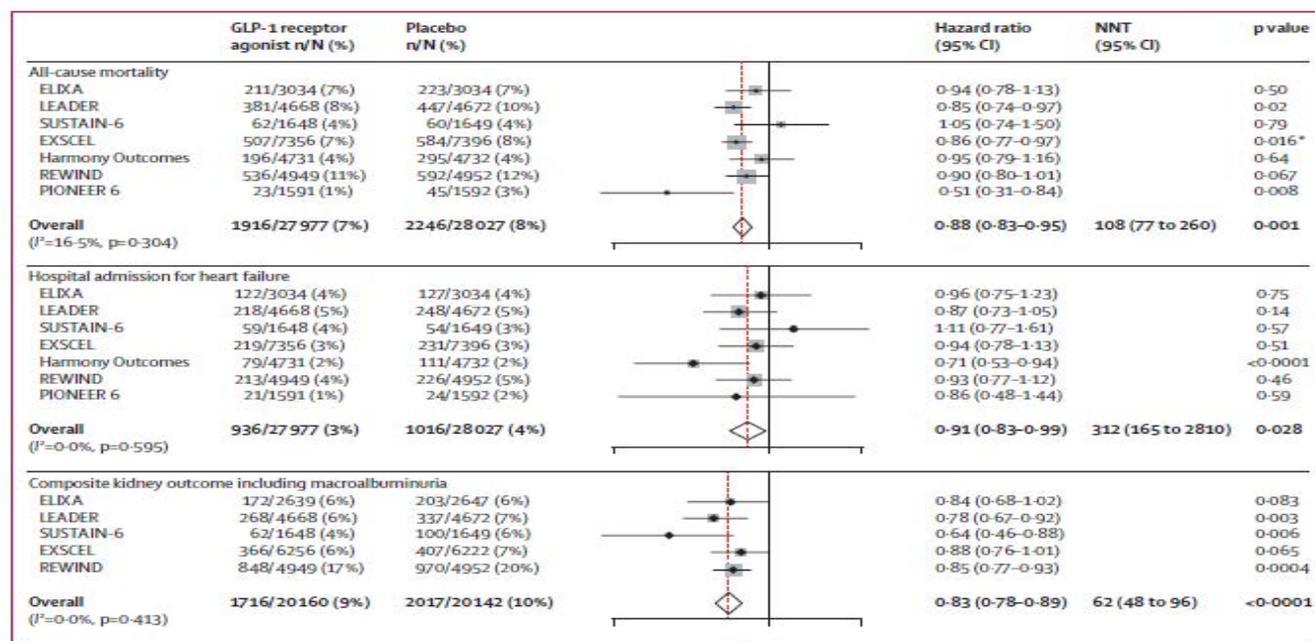
ICTUS
- 16%



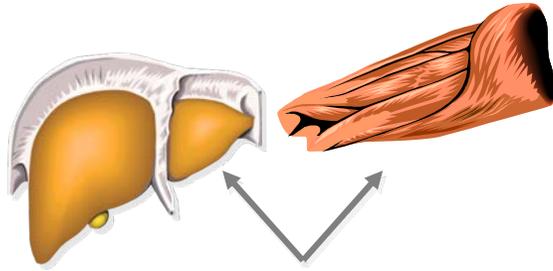
**Morte per tutte
le cause**
- 12%

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

Outcome renale
- 17%



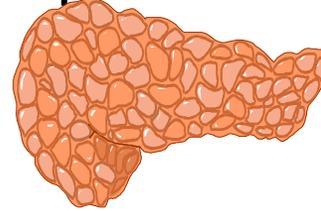
Insulino resistenza



Metformina
Pioglitazone

Secrezione isulinica

β -cellule



Glucosio
indipendente

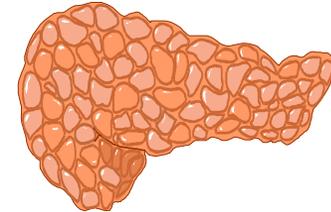
Sulfanilurea
Glinidi

Glucosio
dipendente

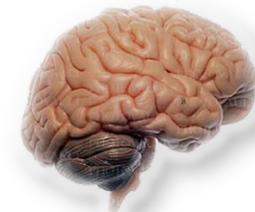
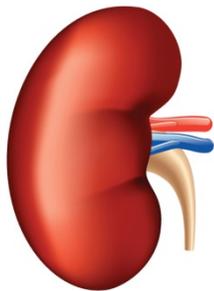
DPP-4 i
Sitagliptin, Vildagliptin,
Saxagliptin, Linagliptin, Alogliptin

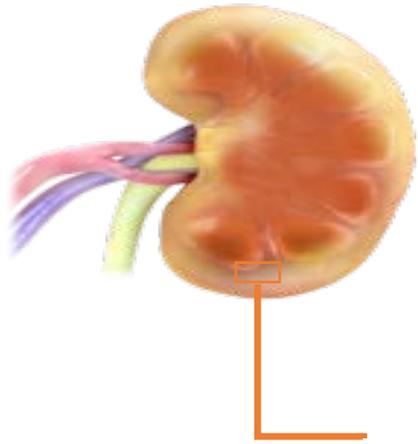
Secrezione glucagone

α -cellule

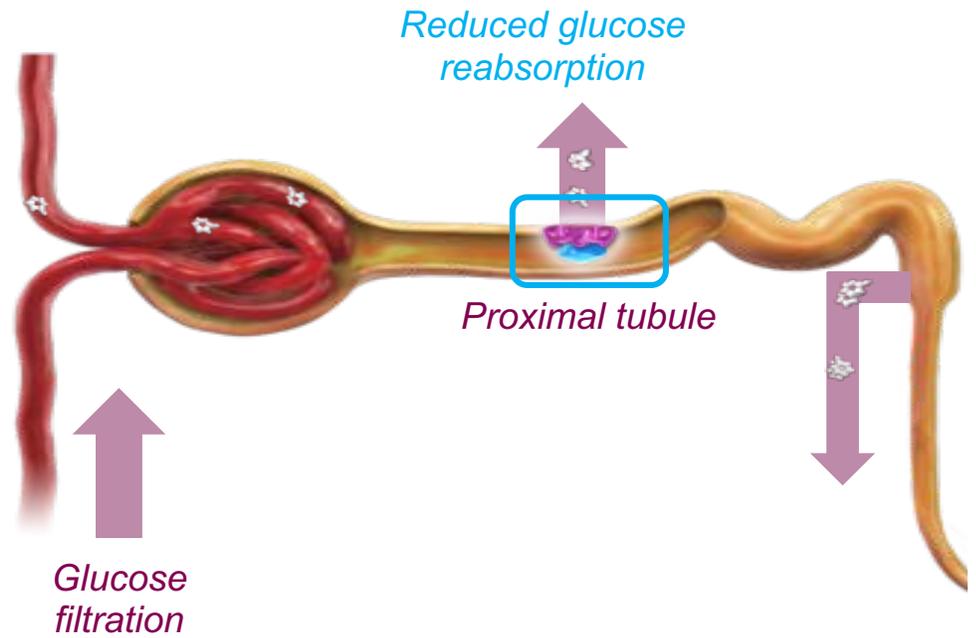


GLP-1 mimetici
Exenatide, Liraglutide,
Lixisenatide, Exenatide
LAR, Dulaglutide





 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

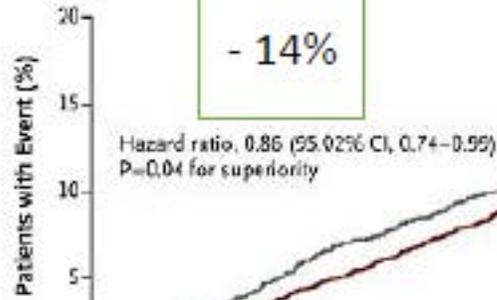
EFFETTI INDESIDERATI

Infezioni genito urinarie

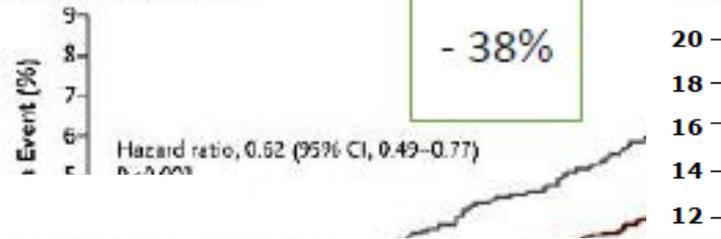
EASD 2015

Zinman et al., NEJM set 2015

A Primary Outcome

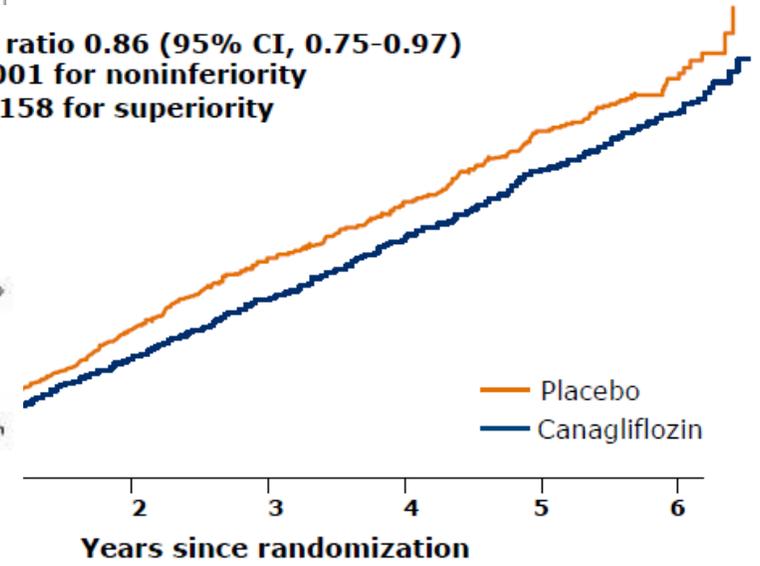
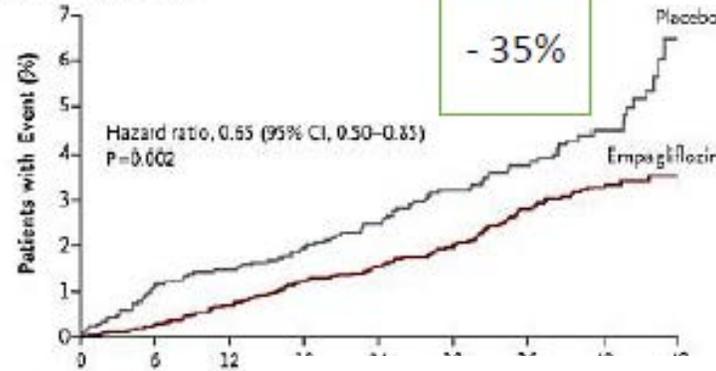


B Death from Cardiovascular Causes

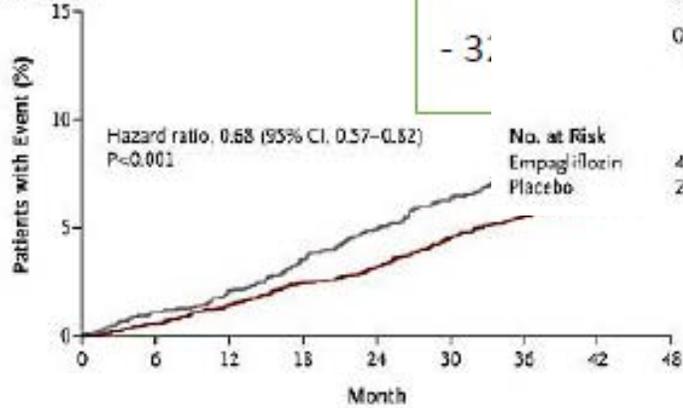


Hazard ratio 0.86 (95% CI, 0.75–0.97)
p < 0.0001 for noninferiority
p = 0.0158 for superiority

D Hospitalization for Heart Failure



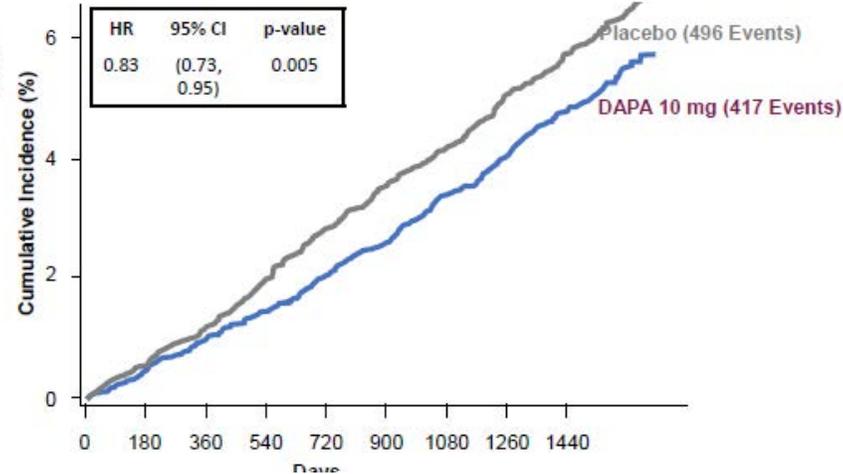
C Death from Any Cause

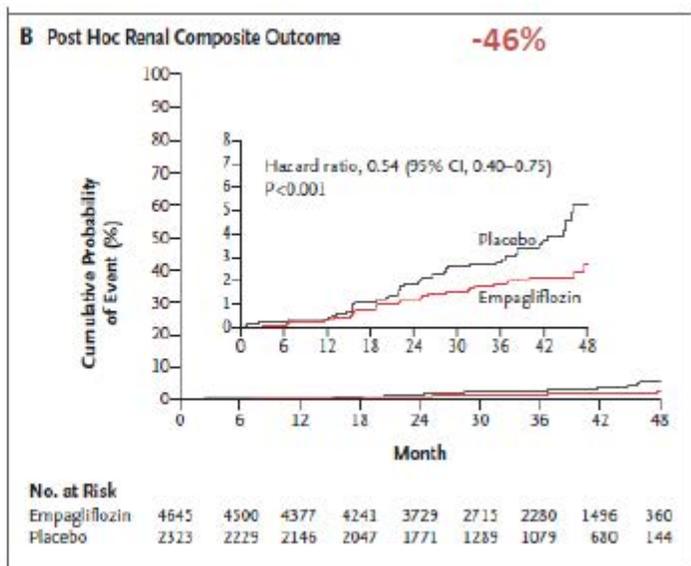
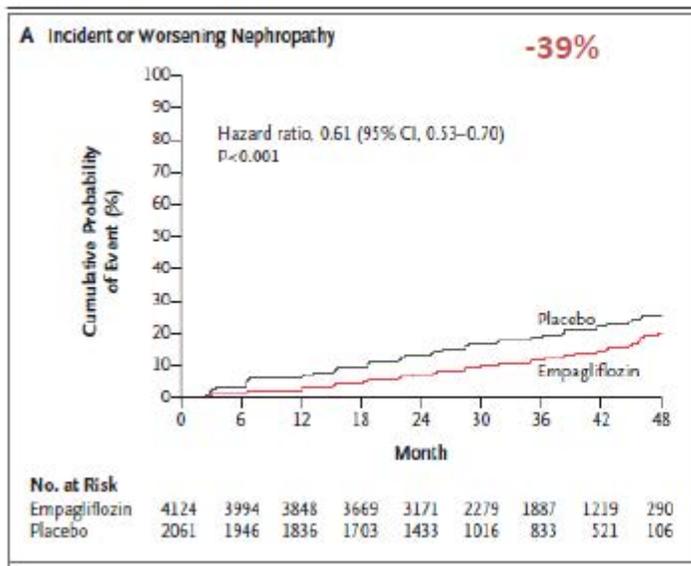
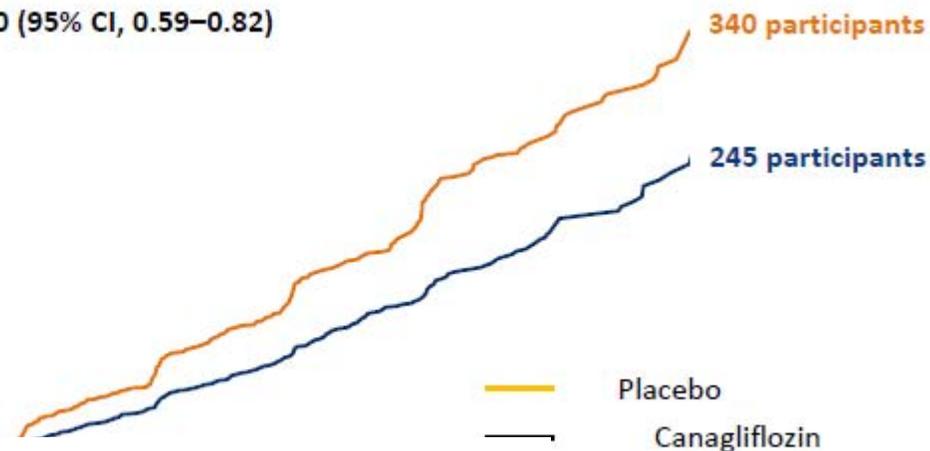
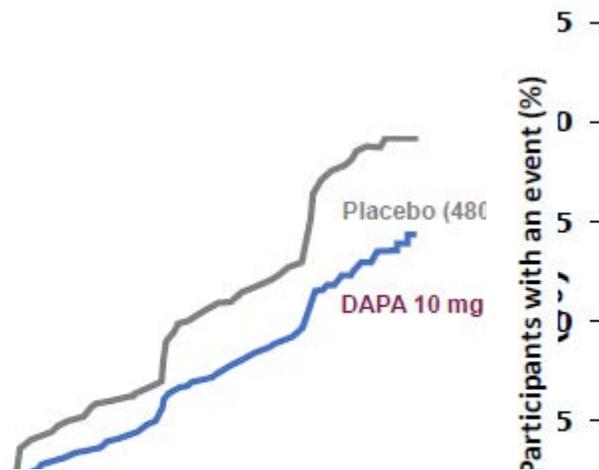
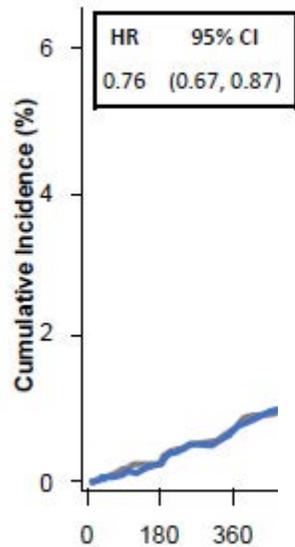


No. at Risk
Empagliflozin
Placebo

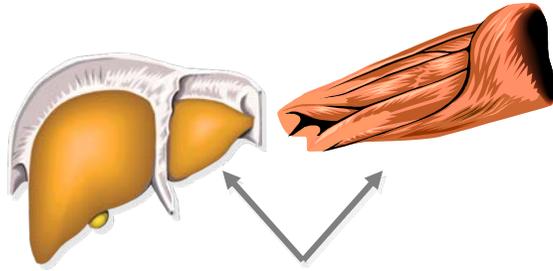
No. at Risk	0	6	12	18	24	30	36	42	48
Empagliflozin	4687	4614	4523						
Placebo	2333	2271	2226						

No. at Risk	0	6	12	18	24	30	36	42	48
Empagliflozin	4687	4651	4608	4556	4128	3079	2617	1722	414
Placebo	2333	2301	2280	2243	2012	1503	1281	825	177





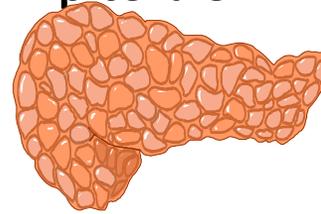
Insulino resistenza



Metformina
Pioglitazone

Secrezione isulinica

β -cellule



Glucosio
indipendente

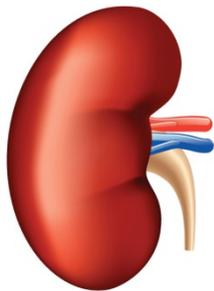
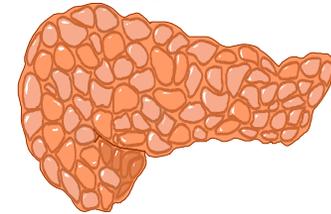
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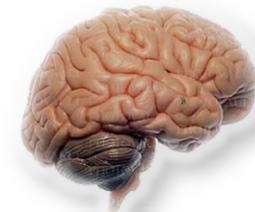
Riassorbimento renale del glucosio

SGLT2i

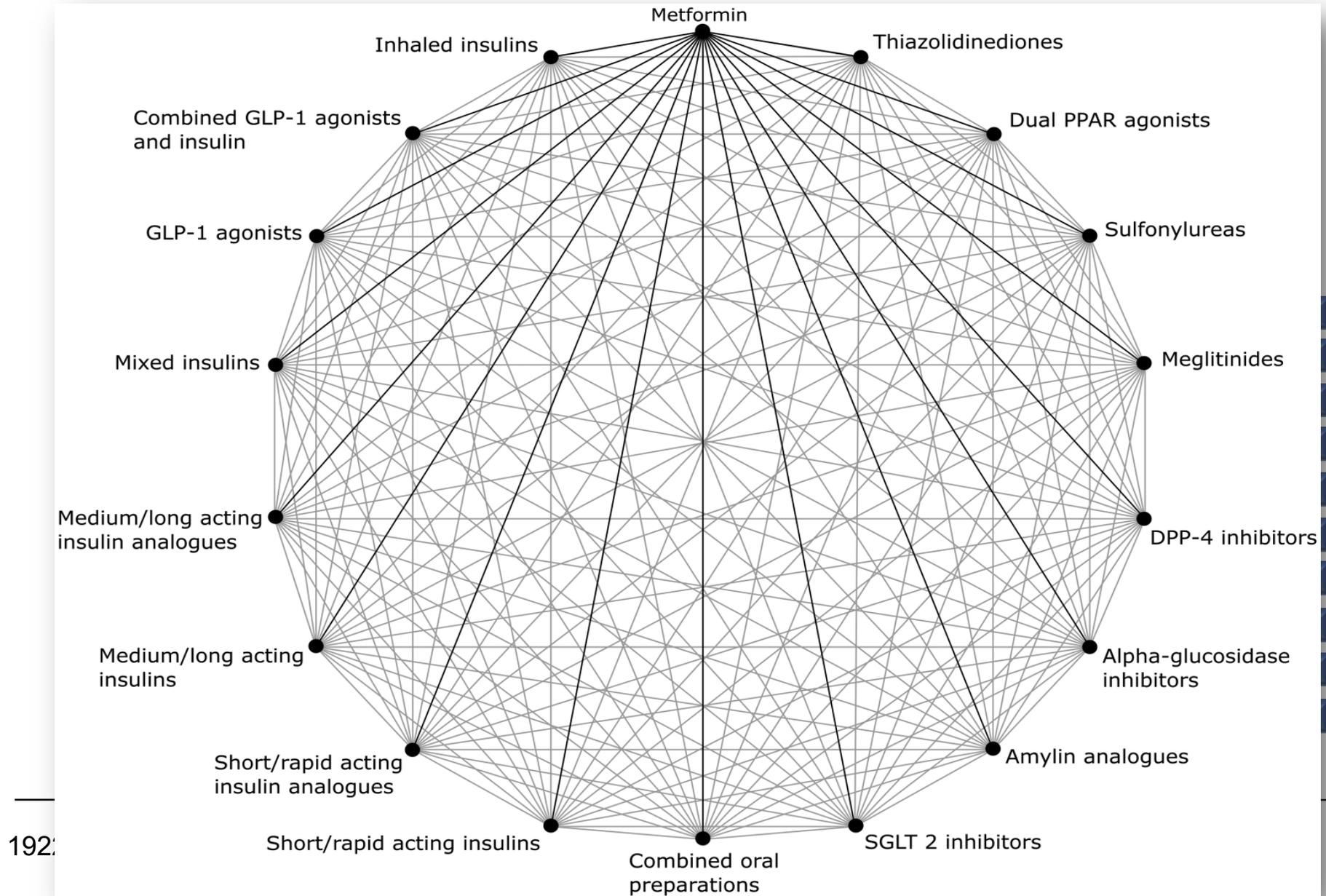
Dapagliflozin, Canagliflozin,
Empagliflozin, Ertugliflozin

GLP-1 mimetici

Exenatide, Liraglutide,
Lixisenatide, Exenatide
LAR, Dulaglutide



Opzioni terapeutiche per il diabete tipo 2



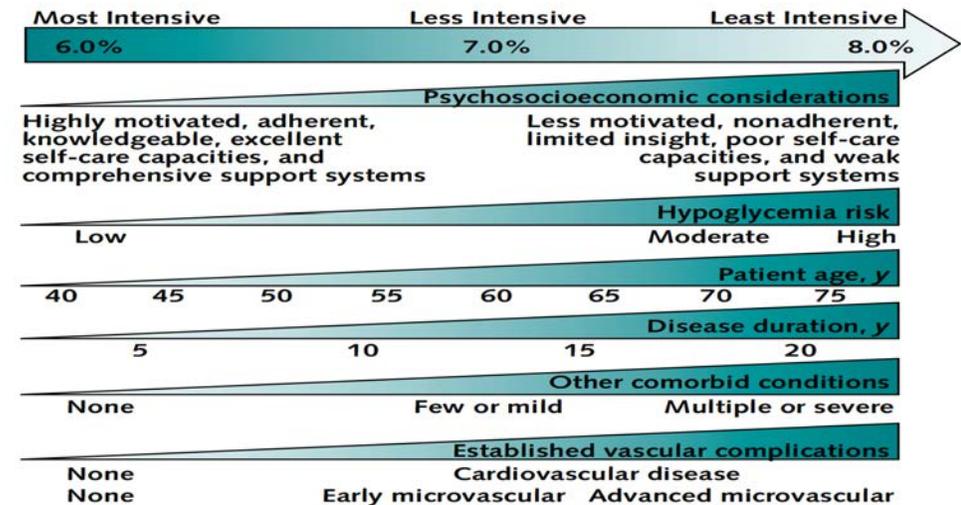
Individualizing Glycemic Targets in Type 2 Diabetes Mellitus: Implications of Recent Clinical Trials

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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Fondazione Diabete Ricerca Onlus
SIEDP Società Italiana di Endocrinologia e Diabetologia Pediatrica

Supporto tecnologico

