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What after metformin? Factors Affecting Prescribing Patterns for Patients with Type II Diabetes

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Introduction

After lifestyle management, metformin is the preferred initial monotherapy for treating Type II diabetes because of its proven efficacy and favourable side-effect profile. If initial treatment with metformin does not achieve target HbA1c or metformin is not tolerated, second-line therapy may be considered – guidelines offer open choice which may depend on several factors.

Objectives

To explore factors considered by physicians while prescribing second-line therapy after metformin.

Materials & Methods

We conducted a cross-sectional survey with sample of physicians in Makkah and Jeddah. Questionnaire was designed and piloted including questions focusing on selection of second-line therapy with reason in addition or as an alternative to metformin. Physicians were invited on convenience sampling basis to complete the questionnaire.

Results

Of 150 physicians contacted, 107 completed the questionnaire. Majority (58%) had been practising for less than five years with 12% practising for more than 10 years. Approximately all (96%) often prescribe metformin as first line mainly because it is inexpensive and in compliance with guidelines. Half of them said that they sometimes (or more) stop metformin because of side-effect mainly stomach upset. Majority (80%) select sulfonylureas and 65% select DPP4 inhibitors after stopping metformin due to side effect. When metformin fails to reach target HbA1c, 72% physicians prefer adding sulfonylureas and 58% prefer DPP4 inhibitors – top factors considered are patient weight and renal function.

Conclusions

Sulfonylureas are still considered as common choice after metformin mainly because of patient weight. SGLT2 inhibitors are less favoured by physicians despite increasing evidence available in their favour.

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