In brief

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Ticagelor recommended for approval in Europe

The antiplatelet agent ticagrelor (Brilique™, AstraZeneca) has been given a positive approval recommendation for the treatment of acute coronary syndromes from the European Committee for Medicinal Products for Human Use (CHMP). This is expected to lead to approval by the European Commission.

The CHMP based its recommendation largely on PLATO (A Study of Platelet Inhibition and Patient Outcomes), which showed a significant reduction in the primary end point of cardiovascular death, myocardial infarction, or stroke with ticagrelor compared with clopidogrel.

Liraglutide for the treatment of type 2 diabetes mellitus

The National Institute for Health and Clinical Excellence (NICE) has published a technology appraisal on liraglutide. It recommends liraglutide taken at a dose of 1.2 mg once a day as a possible treatment for some people with type 2 diabetes mellitus. NICE does not recommend liraglutide taken at a higher dose of 1.8 mg once a day. Further information can be obtained from guidance.nice.org.uk/TA203

UK diabetes and obesity rates rise 5%

The number of diabetes sufferers in the UK has risen by roughly 5% in the last year, while one in 10 of the population are now registered as obese, according to Diabetes UK. Figures collected from GPs reveal that diagnoses of diabetes have increased by more than 150,000 to 2.8 million in the past year, while those registered as obese have risen to over five and half million, an increase of more than 265,000. Roughly 90% of those with the condition suffer from type 2 diabetes.

The charity estimates that around 10% of NHS spending goes on diabetes and its complications, the equivalent of £9 billion per year. The government has announced that it will be publishing a 'white paper' report tackling the issue before the year's end.

Antihypertensives more effective when taken at night

A recent study on Ambulatory Blood Pressure Monitoring and Cardiovascular Events (MAPEC) reveals that many sufferers of hypertension may benefit from taking medication at night instead of in the morning.

The study's findings, published in *Chronobiology International,** confirm that the natural reduction in blood pressure often expected during sleep does not occur in all people, which makes them potentially vulnerable during sleeping hours. Dr Francesco Portaluppi (University of Ferrara, Italy), lead author of the study, says it was "the first to conclusively find that the time of day when medications are ingested not only affects efficacy but also cardiovascular disease risk and these findings must fundamentally change the way patients are treated worldwide". He calls for 24-hour monitoring to become the new standard, "to help millions of people stay healthier…by ensuring that their blood pressure medications are taken as effectively as possible".

*http://informahealthcare.com/doi/full/10.3109/07420528.2010.510788

Insulin degludec shows promise over insulin glargine

The investigational insulin, degludec, has shown significantly lower day-to-day variability and a more stable glucose-lowering insulin effect in people with type 1 diabetes than insulin glargine, a phase 2 study has shown.

Presented at the European Association for the Study of Diabetes in Stockholm, Sweden, the study used an euglycaemic glucose clamp technique in 54 patients with type 1 diabetes and showed that once-daily administration of insulin degludec was evenly distributed over each 24-hour period, with the metabolic effect evenly distributed between the first and second 12 hours.

A second study presented at the meeting showed that insulin degludec has the potential for a three times weekly regimen. A phase 2 study in type 2 diabetes showed HbA1c reductions were similar in the 16-week study for once-daily and three-times-weekly insulin degludec groups (-1.3% and -1.5%, respectively) and comparable to insulin glargine (-1.5%).