CHOICE OF THE ADD-ON THERAPY TO METFORMIN IN TYPE 2 DIABETES PATIENTS IN ROMANIA

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Dear Editor,

The study by C. Serafinceanu *et al.* (1), dealing with the reasons guiding physicians to select additional medication in type 2 diabetes mellitus when treatment with metformin only does not lead to sufficient metabolic control of the disease (HbA1c), has aroused our outmost interest.

The study brings an important insight into routine clinical practice in Romania and indicates a sulphonylurea derivative as the most frequent medication choice - in 63% of cases. The most frequent reasons for this choice are “glycemic control”, “the medication’s effect to decrease glycaemia” and “the physician’s personal experience”. Taking into account the price of a preparation has been mentioned in 21.1% of cases only. Further reasons playing a more important role in decision making in other European countries and favoring other medication classes (2), such as weight change or hypoglycemia were reported by the participants in a lower percentage (30.3% and 21.1% respectively).

We would like to know, whether in Romania – just as in some EU countries, for example in the Czech Republic – there are specific prescription restrictions for newer and more expensive preparations, e.g. for the DPP-4 inhibitor and the GLP-1 agonist, such as exceeding a certain body mass index value or HbA1c levels. Such limitations might influence the physicians’ decision making as to optimal medication, and this fact would probably not be revealed in the study.

Dear Dr Broz,

Thank you for the interest shown for our study. Your observation that some specific restrictive criteria in prescription introduced by the regulatory boards may

influence the medical decision process is relevant. Indeed, such criteria existed in Romania in the last years being repealed only few months ago: a high value of HbA1c in the last three months, possible associated with specific ones as severe hypoglycemias or significant weight gain. The reason of not including this rationale in our analysis was the difficulty to quantify the real importance of it, because we assessed that there were differences between different counties of Romania in applying the criteria (usually of bureaucratic or subjective nature). Now it is a relief that the criteria were repealed eight months ago and it would be interesting to make a new evaluation and to see if the situation has changed.

On the other hand, I believe that the reasons for the first add on to metformin shown in our study (i.e. glycemic control, BG efficiency and personal experience) are approximately the same (even not in the same order) with other studies and rather normal in clinical practice. It is clear that sulphonylureas are “favored” under these circumstances because of their glycemic efficiency and longer practice experience. If this is an optimal situation or not we have to reflect; there are for sure many cases where a SGLT2 inhibitor or GLP1 - RA or DPP4 inhibitor should be better and a patient centered approach is the best solution.

Cristian Serafinceanu

Conflict of interest

The authors declare that they have no conflict of interest.

References

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