

Clinical Importance of Drug-Drug Interactions Involving Antidiabetic Drugs



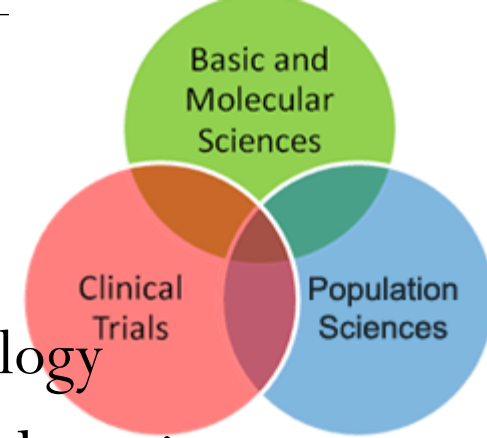
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Overview



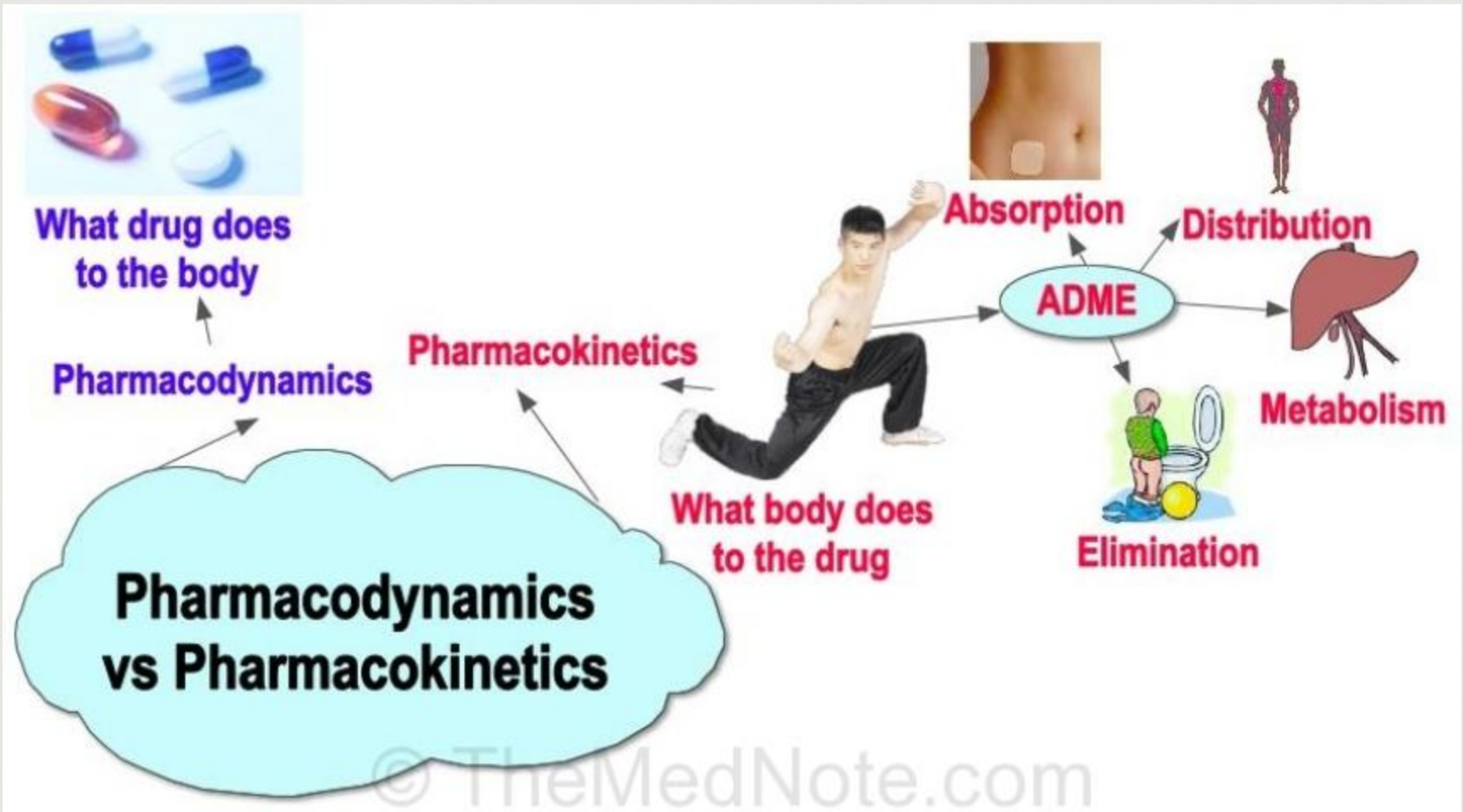
- Health Service Research:-Pharmacoepidemiology
- Study of the use and effects of medical products in populations
- DDIs are alterations of the activity of one drug (Object drug) caused by the presence of another drug (Precipitant drug)
- Sources of DDIs: Pharmacokinetics (PK) & or Pharmacodynamics (PD) mechanisms
- PK mechanism through CYP enzymes are most abundant.¹
- ~50% of all drugs used in clinical practice are metabolized by CYP3A4¹

Definition

- Precipitant Drug: the drug that causes the interaction
- Object Drug: the drug that is affected by the interaction

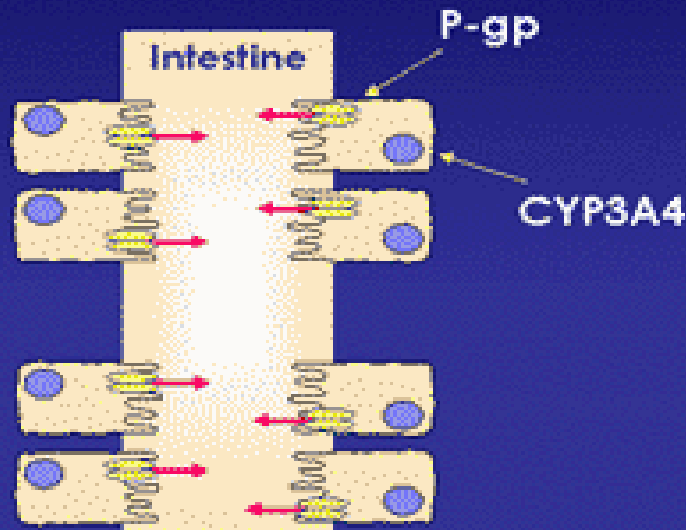


Sources of DDIs



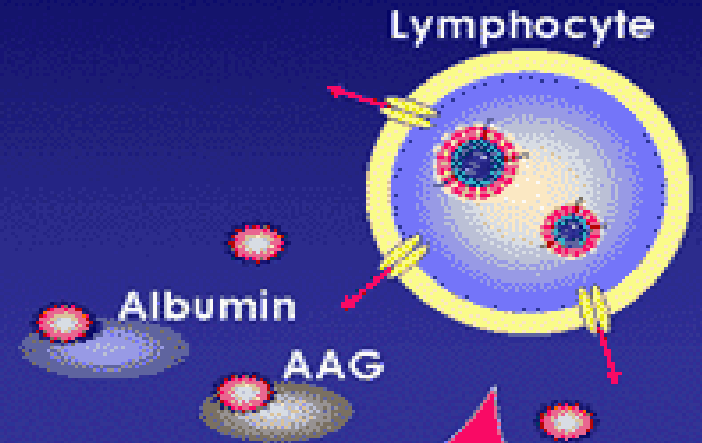
Drug-Drug Interaction Mechanisms

Absorption



Distribution

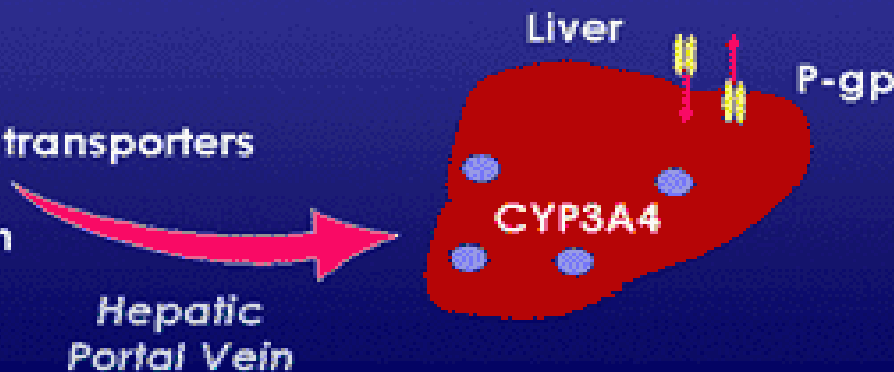
Protein binding



Systemic Circulation

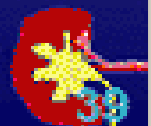
Metabolism

- CYP450
- P-gp and other transporters
- PXR
- Glucuronidation

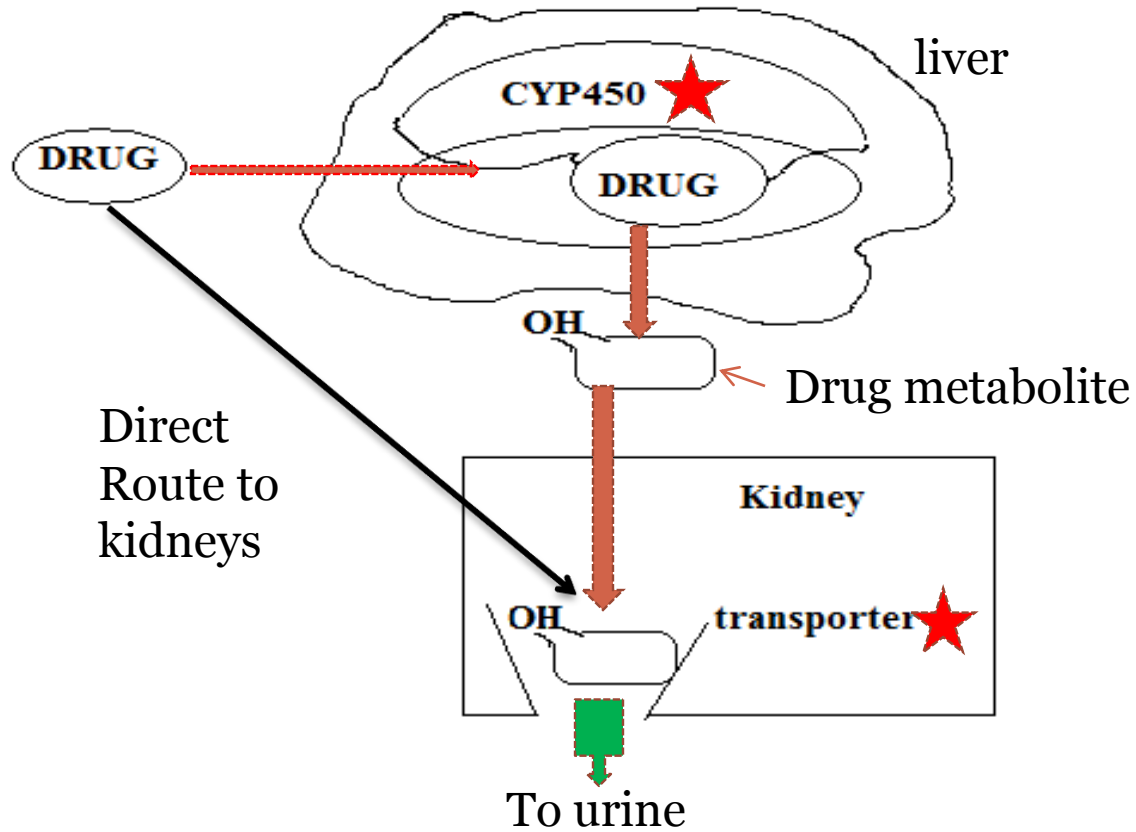


Elimination

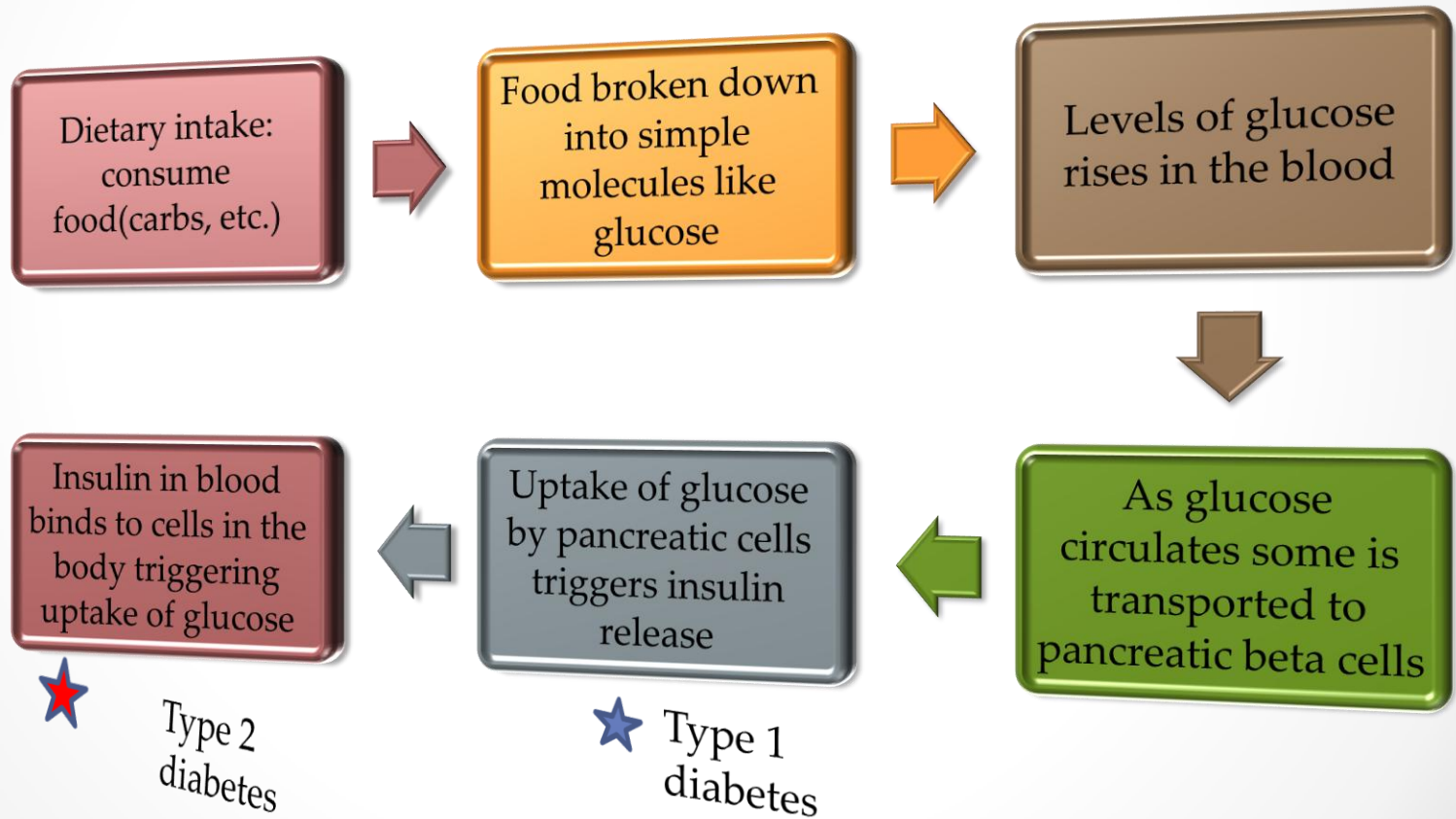
Liver
Kidney



DDI Focus



Physiology of Glucose control



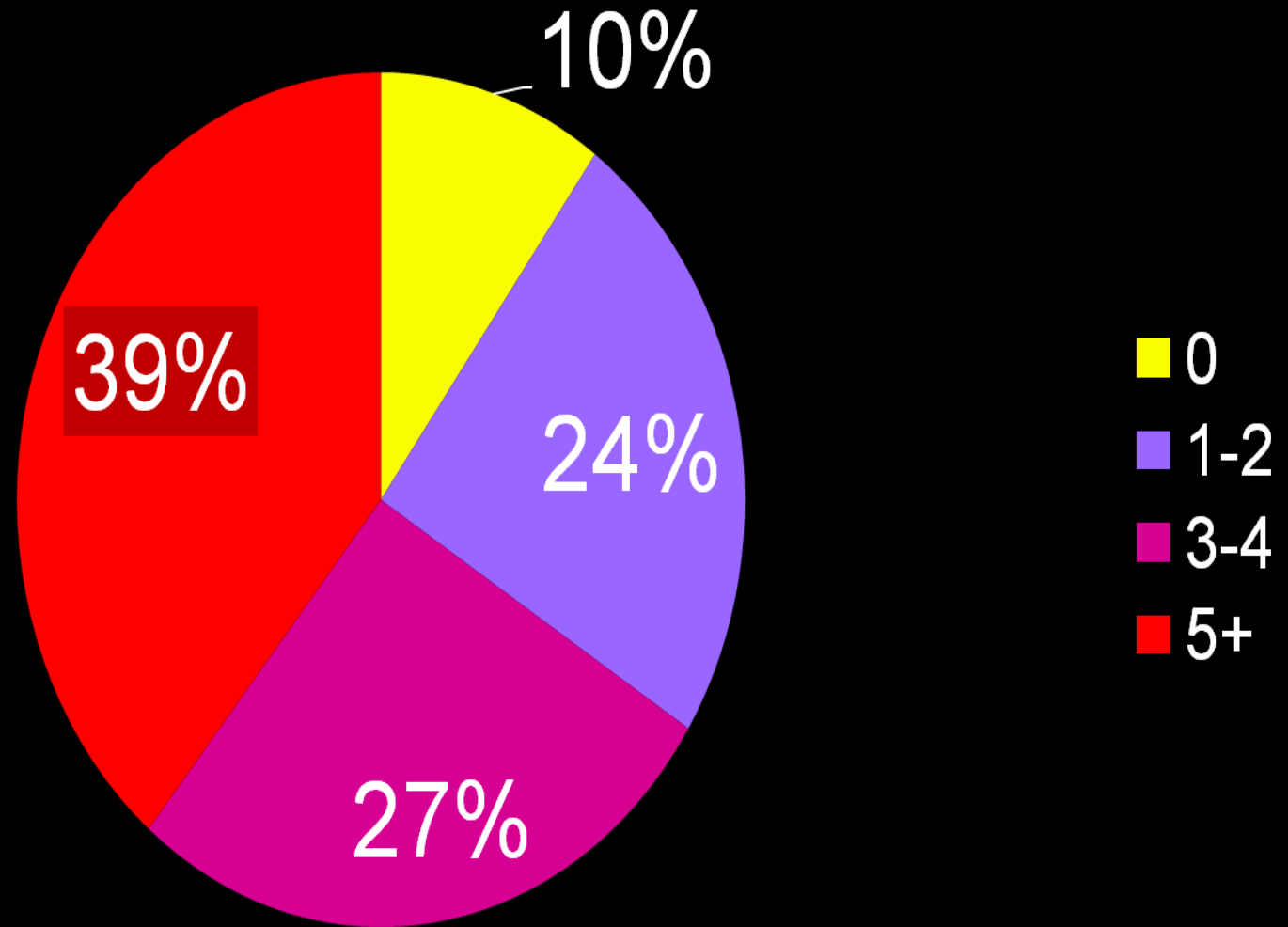
Objective

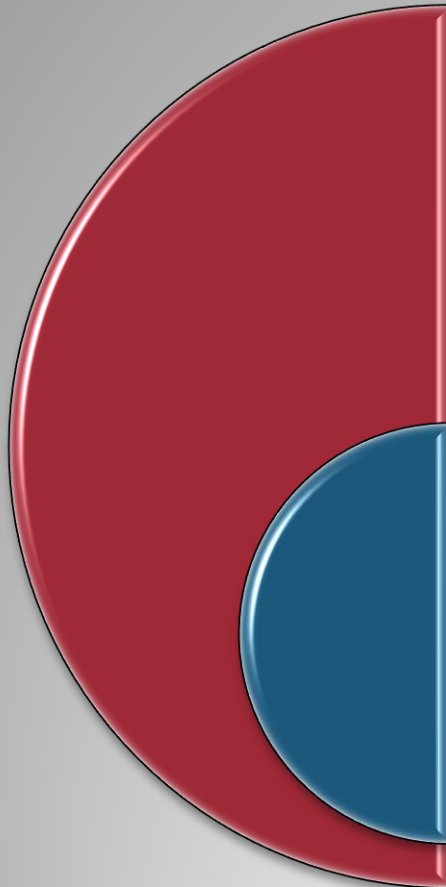
- To develop a series of biologically based hypothesis about clinically important Drug-Drug interactions (DDIs) involving antidiabetic drugs.

SIGNIFICANCE

- ◉ DDIs cause at least 13% of adverse drug events(ADEs) in older adults¹ & nearly 3% of all hospital admissions in well established DDIs².
- ◉ Burden increases with polypharmacy & baby-boomer population
- ◉ 70% of respondents from a 2002 public opinion poll indicated that if hospitalized they would be “concerned about receiving two or more medication that interact in a negative way”³

Rx Medications Used in the Past Month by US Residents age ≥ 65 (2005-08)





STUDY DESIGN

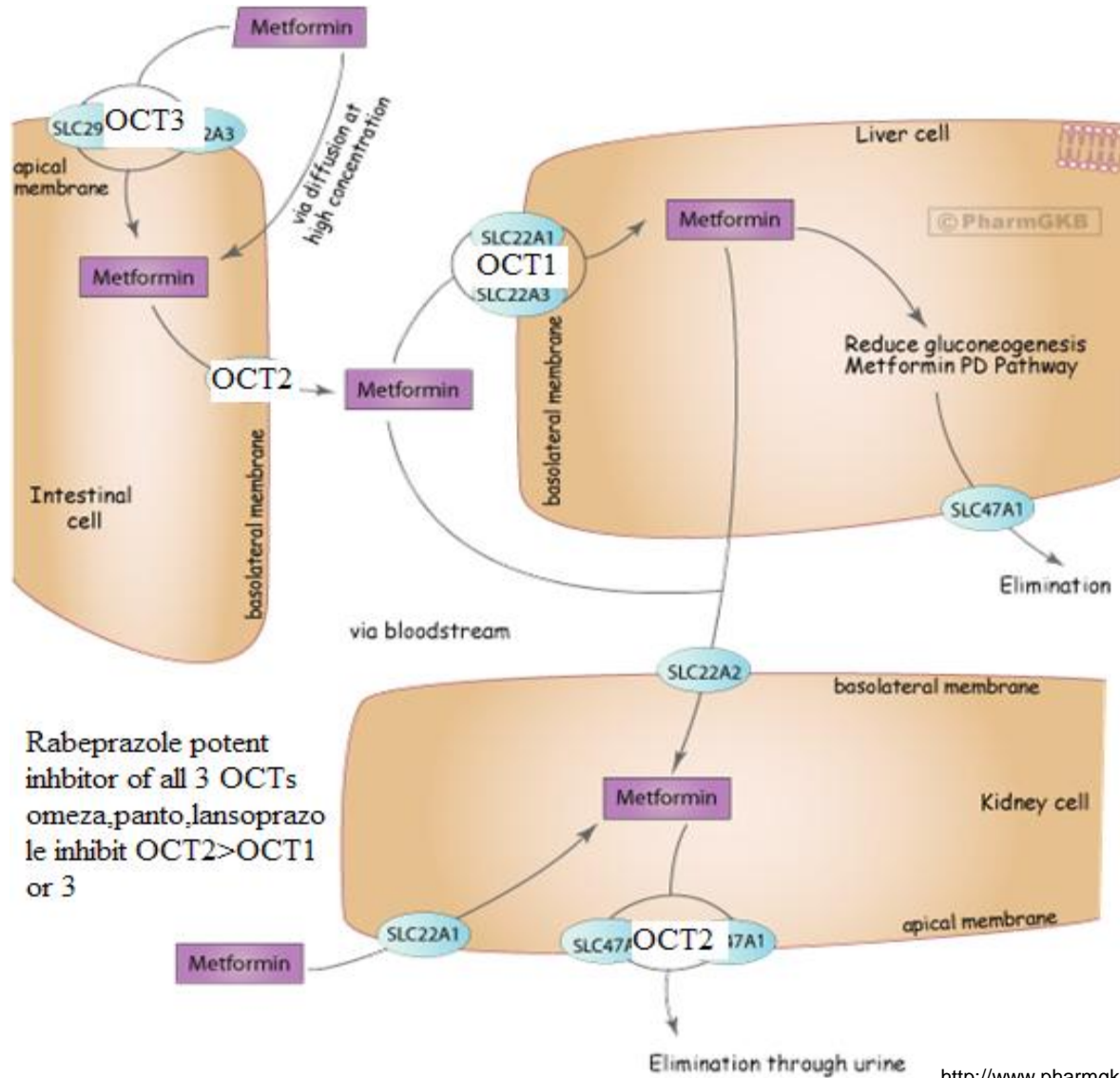
- Researched drug databases to identify DDIs with antidiabetics
- Peer reviewed the identified DDIs to determine their clinical significance

STUDY CONDUCT

- Conduct *in vitro*, *invivo*, *in silico*, *in populo* (epidemiologic) studies
- Identify clinical outcomes & significance of the suggested DDIs

Methodology

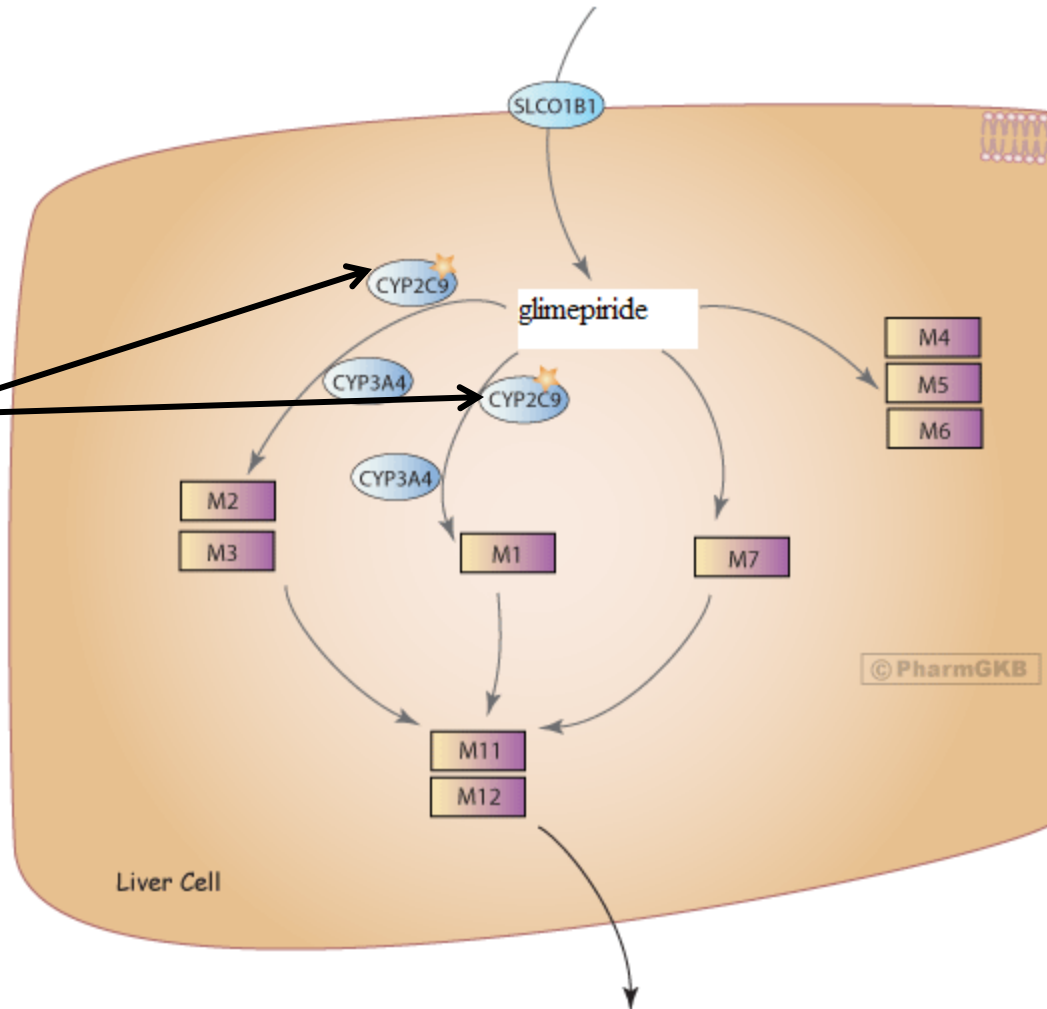
Metformin + PPIs



Rabeprazole potent inhibitor of all 3 OCTs
omeza, panto, lansoprazole inhibit OCT2 > OCT1 or 3

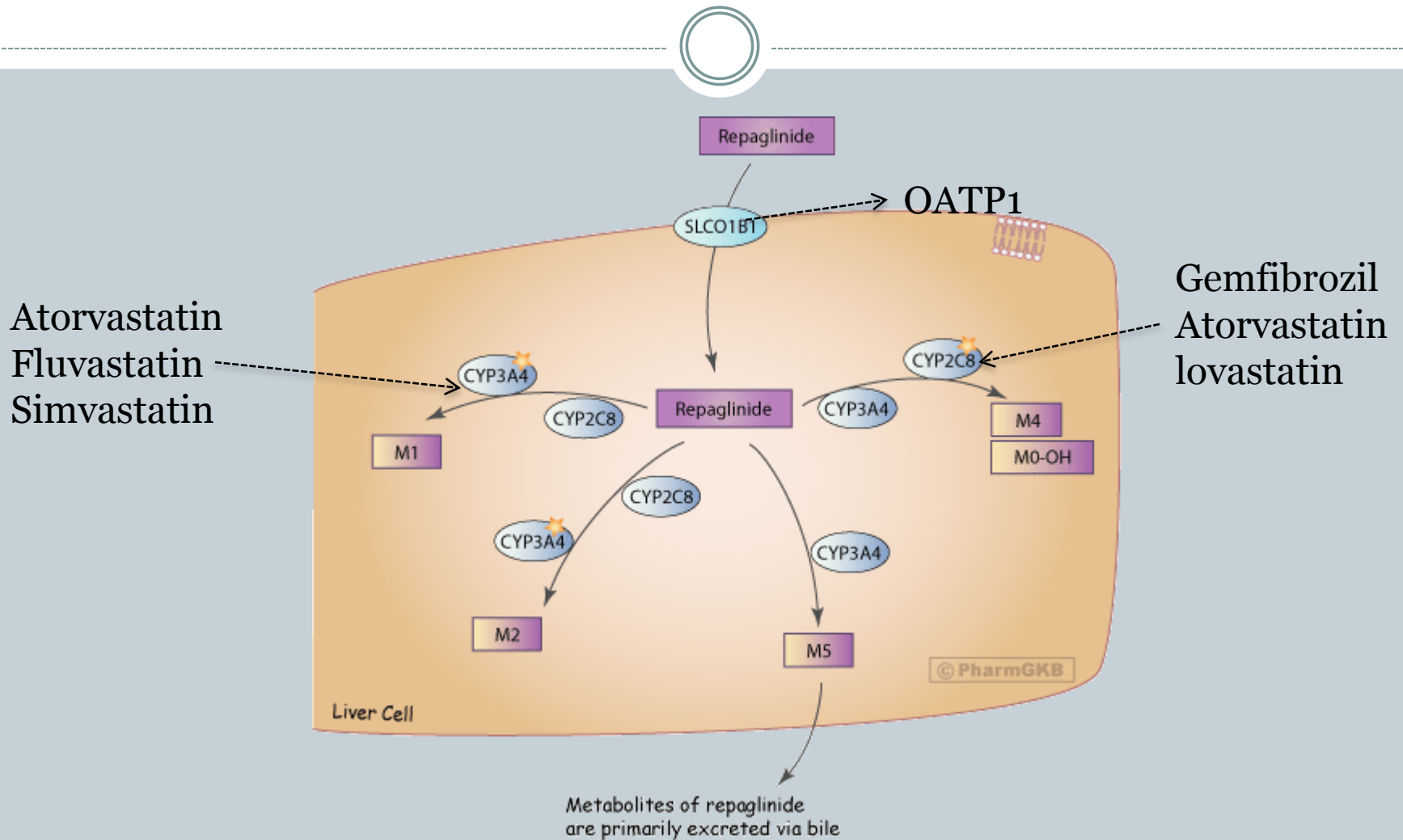
GLIMEPRIDE + STATINS/FIBRATES

Glimepiride

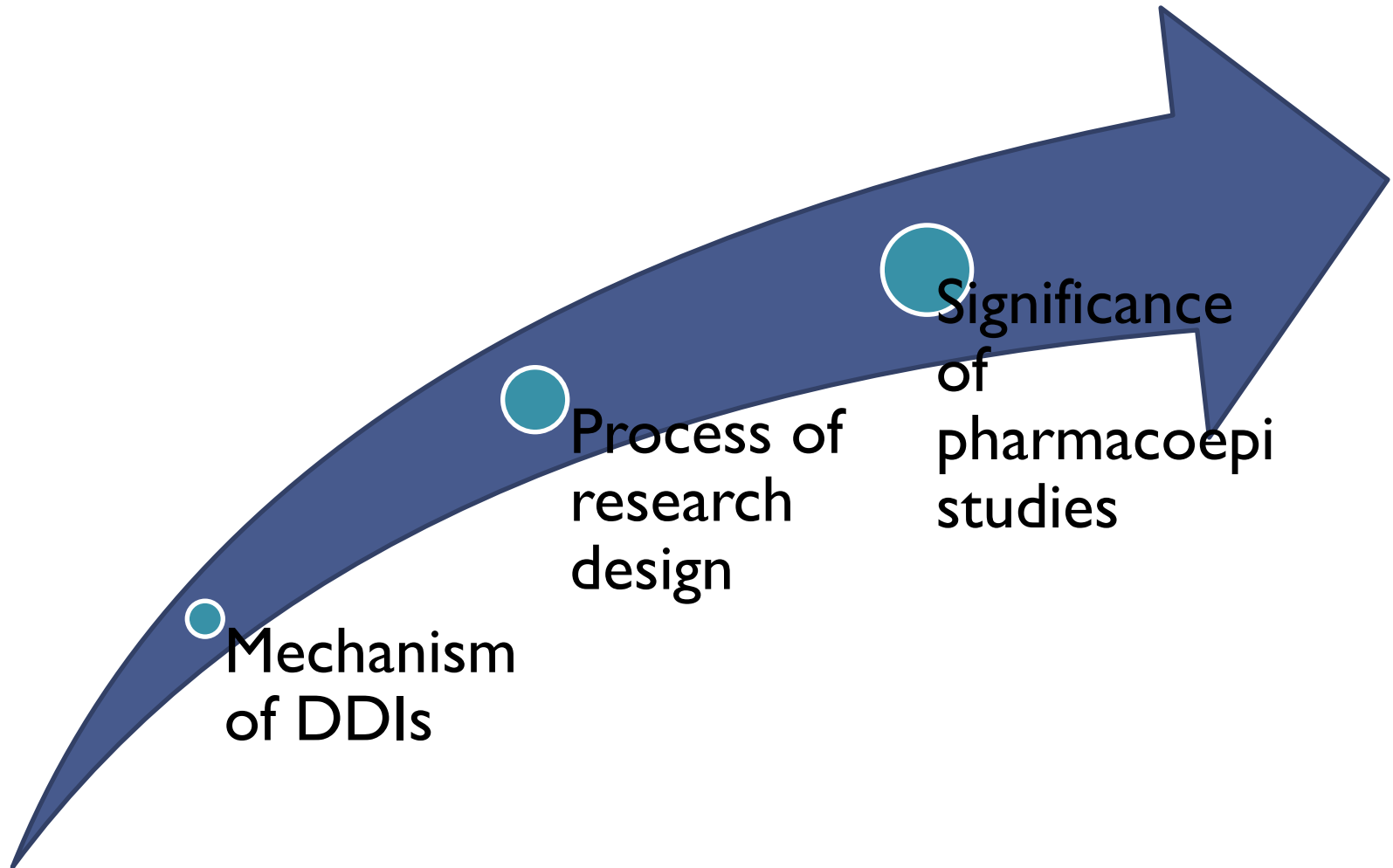


Metabolites of neteglinide are primarily excreted via urine

Repaglinide + statins, fibrates

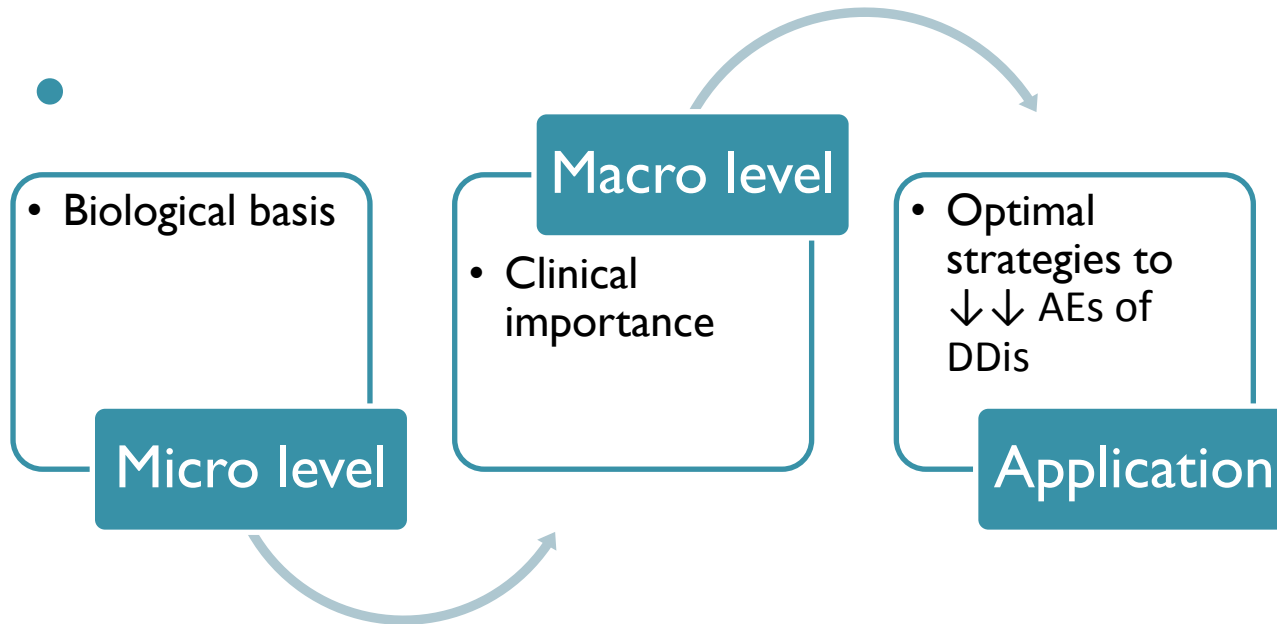


Lesson Learned



Conclusion

- DDI & ADEs



Important Implications for Public health & Clinical care

Acknowledgment



- ☞ Sean Hennessy – Mentor & PI
- ☞ Charles E. Leonard – Co- Investigator
- ☞ Leonard Davis Institute of Health Economics