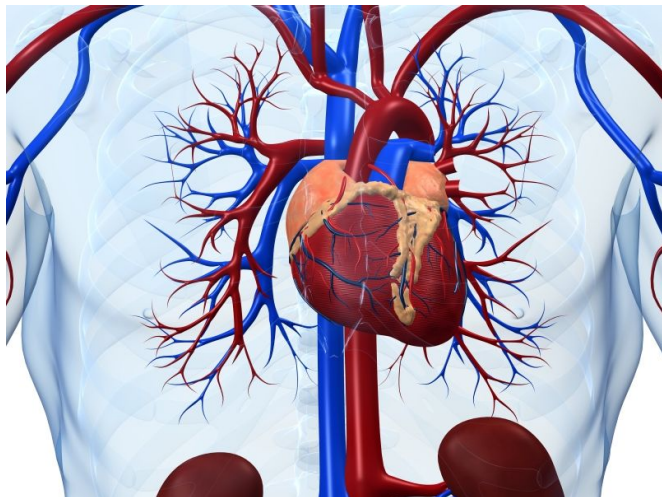


DPP-4i treatment doesn't up MI, stroke risk in seniors

25 February 2017



percent CI, 1.38 to 1.56) per 100 patients; the corresponding numbers for stroke risk were 0.98 (95 percent CI, 0.87 to 1.10) and 1.09 (95 percent CI, 1.01 to 1.17). For DPP-4i versus TZD, the hazard ratio for the composite outcome was 0.94 (95 percent CI, 0.86 to 1.02). The one-year risks for MI and stroke were about 0.90 and 0.80, respectively, per 100 patients for both DPP-4i and TZD.

"Though limited by the short treatment duration, our study suggests no increased short-term risk of MI [stroke](#) or heart failure with DPP-4i versus SU/TZD," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)
[Full Text \(subscription or payment may be required\)](#)

(HealthDay)—For older U.S. Medicare beneficiaries, dipeptidyl peptidase-4 inhibitors (DPP-4i) treatment is not associated with increased cardiovascular (CV) risk relative to sulfonylureas (SU) and thiazolidinediones (TZD), according to a study published online Feb. 14 in *Diabetes, Obesity and Metabolism*.

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Mugdha Gokhale, Ph.D., from the University of North Carolina at Chapel Hill, and colleagues identified two new-user cohorts of Medicare beneficiaries aged >65 years: DPP-4i versus SU (30,130 and 68,382 initiators, respectively) and DPP-4i versus TZD (20,596 and 13,526, respectively) during 2007 to 2013.

The researchers found that the hazard ratio for the composite outcome ([myocardial infarction](#) [MI], stroke, and all-cause mortality) was 0.75 (95 percent confidence interval [CI], 0.72 to 0.79) in the DPP-4i versus SU comparison. For DPP-4i and SU, respectively, the one-year risks for MI were 1.00 (95 percent CI, 0.89 to 1.12) and 1.47 (95

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