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Sustained Glycemic Control and Improved Well-being on Early Induction of Triple Drug Therapy in Newly Diagnosed Type 2 Diabetes Mellitus Patients with HbA1c ≥ 9%: A Prospective, Cross-sectional, and Observational Study

Chauhan V et.al;J Assoc Physicians India 2025;73(5):44–48.

- Chronic hyperglycemia is responsible for diabetes-related microvascular complications such as retinopathy, nephropathy, and neuropathy, as well as macrovascular complications like cardiovascular events and stroke.
- A prospective, observational study of triple-drug therapy in newly diagnosed T2DM (HbA1c ≥9%) with respect to change in HbA1c, low-density lipoprotein (LDL) levels, weight, waist circumference, variation in drug dosages, hypoglycemic events, patient response of wellbeing, and corresponding result satisfaction (N=137).
- The added advantage of triple-drug in combination is that each drug targets a different pathophysiology of T2DM simultaneously, complementing each other's mechanism of action, which results in a greater reduction in HbA1c, glucose metabolism, lipid levels, hypoglycemic events, body weight, and urine albumin and a decreased incidence of micro/macrovascular adverse events.
- At the end of the study (52 weeks), the mean values of FPG, PPPG, HbA1c, and LDL were 96 ± 10 mg/dL, 146 ± 16 mg/dL, 6.14 ± 0.43%, and 90.55 ± 28.14 mg/dL. Reductions in values were statistically significant when compared with both the baseline and 12-week values.

It is concluded that early induction of combination therapy with glimepiride, metformin, and pioglitazone results in a greater reduction of HbA1c levels with a lower incidence of hypoglycemia compared to the currently recommended add-on therapy with conventional agents.

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