INTRODUCTION & OBJECTIVES

Canagliflozin is a result-independent, oral glucose-lowering agent. As an inhibitor of sodium glucose co-transporter 2 (SGLT2), canagliflozin causes urinary glucose excretion, which results in lowered blood glucose, weight loss, and blood pressure (BP) reduction1

Methods

Methods of the current study included meta-analysis of all randomized controlled trials that compared canagliflozin with placebo and/or other SGLT2 inhibitors. The primary outcome of interest was mean change from baseline in systolic BP (SBP) at 26 weeks (±4 weeks). The outcome measures chosen were in line with the standardized outcome measures that were assessed in the randomized controlled trials (TID26) that were included in the meta-analysis.

RESULTS

The results of these NMA s will be used to help health care decision makers when choosing SGLT2 inhibitors for the treatment of adults with type 2 diabetes mellitus (T2DM), adequately controlled with diet and exercise.

CONCLUSIONS

The results of these NMA s will be used to help health care decision makers when choosing SGLT2 inhibitors for the treatment of adults with type 2 diabetes mellitus (T2DM), adequately controlled with diet and exercise.

REFERENCES

2. Leiter LA, et al. \(6.02 (2002;64(4):583-639.\)
6. Black/African-American patients, or Mexican-American patients were excluded, which resulted in the exclusion of glimepiride from the network.
7. Credibility intervals were broader due to the smaller number of trials that were included in the analysis; however, conclusions remained unchanged for canagliflozin 300 mg and its impact on the point estimates were small (Figure 2).
8. The relative goodness of fit of the models was assessed using the deviance information criterion (DIC); the fixed-effects and random-effects models were compared. The model associated with DIC was selected.
9. Non-informative prior distributions were used to produce results that were driven by the data. Sensitivity analyses were performed to ensure that prior distributions did not influence the results for canagliflozin 300 mg and its impact on the point estimates were small (Figure 2).
10. DeFronzo RA. Diabetes Obes Metab. 2014;15(11):1501-1515. This NMA focused only on results at 26 weeks (±4 weeks); fewer comparator studies were included in the analysis of the mean change in HbA1c from baseline.
11. Glimepiride to –0.72% (P = 100%) versus vildagliptin 100 mg.
12. This NMA focused only on results at 26 weeks (±4 weeks); fewer comparator studies were included in the analysis of the mean change in HbA1c from baseline.
13. The relative goodness of fit of the models was assessed using the deviance information criterion (DIC); the fixed-effects and random-effects models were compared. The model associated with DIC was selected.