

# Switch to oral hypoglycemic agent therapy from insulin injection in patients with type 2 diabetes

**Submission date**  
10/08/2007

**Recruitment status**  
No longer recruiting

☐ Prospectively registered

☐ Protocol

**Registration date**  
17/08/2007

**Overall study status**  
Completed

☐ Statistical analysis plan

☒ Results

**Last Edited**  
29/10/2021

**Condition category**  
Nutritional, Metabolic, Endocrine

☐ Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**  
N/A

# Study information

## Scientific Title

Switch to oral hypoglycemic agent therapy from insulin injection in patients with type 2 diabetes

## Study objectives

Insulin injection treatment is associated with pain and puts a heavy physical, mental, and financial burden on patients. In this study, we aim to develop a novel method to change the route of administration of hypoglycemic agents from needle-mediated to oral, thereby enabling patients with type 2 diabetes to have a more comfortable life by being liberated from painful procedures and recurrent insulin-induced hypoglycemic incidents. Pioglitazone is a newly available agent that improves insulin resistance, a core defect in type 2 diabetes. Since pioglitazone has not been used as a major agent for switching, this study uses this agent together with a sulphonylurea, glimepiride and an alpha glucosidase inhibitor, voglibose to develop a new approach for the substitution of insulin therapy. Since insulin injection per se may exacerbate insulin resistance, we completely stop insulin injections before the switch and then immediately administer oral agents in patients under long-term insulin injection in order to maximize pioglitazone's insulin-sensitizing capacity.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Kitami Medical Association Institutional Review Board, approved on 03/07/2006 (ref: 06-B-108)

## Study design

Non-randomised controlled trial (all participants received the same interventions and there was no control group).

## Primary study design

Interventional

## Secondary study design

Non randomised controlled trial

## Study setting(s)

Not specified

## Study type(s)

Treatment

## Participant information sheet

## Health condition(s) or problem(s) studied

Type 2 diabetes

## Interventions

All participants are hospitalized. On the day insulin injection therapy is completely withdrawn, the therapy with oral hypoglycemic agents (combination therapy) is initiated.

The initial doses are: 15-30 mg Pioglitazone , 1-3 mg glimepiride, and 0.9 mg voglibose. The maximum dose of pioglitazone is 45 mg, and that of glimepiride is 4 mg. If fasting plasma glucose is less than 5.55 mmol/l and/or hypoglycemia developed, glimepiride is first reduced in dosage and then pioglitazone.

Duration of interventions: 4 months.

### **Intervention Type**

Drug

### **Phase**

Not Specified

### **Drug/device/biological/vaccine name(s)**

pioglitazone, glimepiride and voglibose

### **Primary outcome measure**

Rate of success in the study. Success is defined as HbA1c at four months after the switch <7.0%.

### **Secondary outcome measures**

Difference in mean HbA1C from the baseline compared to four-month timepoint. Differences among values of the following are also assessed (measured at months 0 and 4):

1. Serum lipid concentrations
2. Blood pressure
3. Body weight
4. Hematocrit
5. Albumin
6. Blood urea nitrogen
7. Creatinine
8. Aspartate Transaminase (AST)
9. Alanine Transaminase (ALT)

### **Overall study start date**

01/05/2005

### **Completion date**

31/12/2006

## **Eligibility**

### **Key inclusion criteria**

1. Patients with type 2 diabetes under long-term insulin injection
2. Age between 40 and 86 years
3. Insulin dosage >10 units/24 h
4. Insulin injection duration >3 months
5. C-peptide in 24-hr urine >10 micrograms
6. Fasting CPR >0.5 ng/ml

### **Participant type(s)**

Patient

**Age group**

Not Specified

**Sex**

Both

**Target number of participants**

40

**Total final enrolment**

36

**Key exclusion criteria**

1. Positive for glutamine acid decarboxylase antibody
2. ALT and/or AST >3 times the upper limit of normal
3. Presently and/or in the past suffering from heart failure
4. Ejection fraction assessed by echocardiography <40%
5. Malignancy on active therapeutic regimen or without complete remission or cure
6. Concomitantly suffering from infection
7. Planning to have surgery
8. >50% positivity for insulin antibody
9. Diagnosis of type I diabetes
10. Pregnant or breast feeding
11. Under dialysis
12. Concomitantly using pioglitazone

**Date of first enrolment**

01/05/2005

**Date of final enrolment**

31/12/2006

**Locations**

**Countries of recruitment**

Japan

**Study participating centre**

793-1

Hokkaido

Japan

099-2102

**Sponsor information**

**Organisation**

Okhotsk-kai Hospital (Japan)

**Sponsor details**

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**Sponsor type**

Hospital/treatment centre

**Website**

<http://www.okhotsk-kai.com/>

**ROR**

<https://ror.org/0261c1d14>

**Funder(s)****Funder type**

Hospital/treatment centre

**Funder Name**

Okhotsk-kai Hospital (Japan)

**Results and Publications****Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date****Individual participant data (IPD) sharing plan**

Not provided at time of registration

**IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		11/11/2008	29/10/2021	Yes	No