# HYPOGLYCEMIC AGENTS

Hypoglycemic agents are used in the treatment of Diabetes mellitus by lowering the blood glucose levels. With the exceptions of insulin, exenatide, liraglutide and pramlintide, all the other hypoglycemic agents are administered orally and are therefore known as oral hypoglycemic agents or oral anti-hyperglycemic agents.

## **CLASSIFICATION:**

## **ORAL HYPOGLYCEMIC AGENTS**

#### **Sulphonylureas:**

Glibenclamide

Glimepiride

## **Biguanides:**

Metformin

Phenformin

## Substituted benzoic acid derivatives (Meglitinides):

Repaglinide

Nateglinide



**METFORMIN** 

N, N, Dimethyl biguanide

#### **Thiazolidindiones (Glitazones):**

Pioglitazone

Ciglitazone

## Sodium-glucose Cotransporter-2 (SGLT2) Inhibitors: (Glifozins)

Canagliflozin

Dapagliflozin

**DPP-4** inhibitors: (Gliptins)

Sitagliptin

Vildagliptin



## **INSULIN:**

Insulin is a hormone produced in pancreas and permits the body to utilize sugar(glucose) from carbohydrates in the food.

Insulin restricts the blood sugar levels from getting too high(hyperglycaemia) or too low (hypoglycaemia).

Insulin occurs as a white or almost white colored crystalline powder. It is faintly soluble in water, soluble in dilute solution of mineral acids and with degradation in solutions of alkali hydroxide and almost insoluble in alcohol, chloroform and ether.

## **INSULIN PREPARATIONS:**

#### Rapid-acting:( onset of action: 5-15 min & DOA: 1 to 5 hours)

Insulin aspart

Insulin lispro

Insulin glulisine

## Short-acting: (DOA: 3 to 6 hours)

Regular insulin

## **Intermediate-acting: (DOA: 10 to 16 hours)**

NPH (neutral protamine hagedorn)

## Long-acting: (DOA: 6 to 24 hours)

Insulin glargine

Detemir

## **Combinations: (DOA: 10 to 16 hours)**

70% NPH + 30% Regular

70% Aspart Protamine + 30% Aspart

50% Lispro Protamine + 50% Lispro

75% Lispro Protamine + 25% Lispro

DRUG	MECHANISM	USES	STORAGE	TYPES OF	BRAND
<b>Metformin</b> Biguanide	Reduces gluconeogenesis Decreases intestinal absorption of glucose Increasing insulin sensitivity by increasing glucose uptake& utilization by peripheral tissues.	NIDDM Polycystic ovarian syndrome	Room temperature	Suspension Tablet Solution	Fortamet Riomet
<b>Glibenclamide</b> Sulfonyl urea derivative	Stimulates the release of insulin from pancreas.	Hypoglycemia Hematologic agent To treat impaired hepatic function.	>40°C or at 40°C for 90 days	Tablets	Diabeta Glyburide
Glimepiride Sulfonyl urea derivative	Stimulates the release of insulin from pancreas.	NIDDM	20-25°C	Tablets	Amaryl
<b>Pioglitazone</b> Thiazolidindiones derivative	Selective agonist of Peroxisome Proliferator Acivated Receptor- γ present in the target tissues for insulin action.	NIDDM	25°C Excursion permitted: 15- 30°C	Tablets	Actos

Repaglinide	These short acting	NIDDM	15-25°C	Tablets	Enyglid
Substituted	insulin secretagogues			Capsules	Gluconorm
benzoic acid	bind to pancreatic $\beta$				Prandin
derivative	cells for stimulating				
	insulin release.				
Gliflozins	Blocks SGLT-2	IDDM	Room	Tablets	Canagliflozin
	protein from the site	NIDDM	temperature		Dapagliflozin
	of proximal				
	convoluted tubule in				
	kidney which results				
	in preventing				
	reabsorption of				
	glucose molecule.				
Gliptins	Inhibits Dipeptidyl	NIDDM	20-25°C	Tablets	Januvia
	peptidase IV enzyme				Galvus
	Thus, glucagon like				
	peptide-1(GLP-1) and				
	glucose dependent				
	insulinotropic				
	polypeptide (GIP)				
	remains active.				
	Insulin release				
	increases.				