

Clinical trials of glargine

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1 diabetes type 2

Trial	Treatments	Patients	Trials design and methods
glargine vs			
Eliaschewitz n=231/250 follow-up: 24 weeks	-	-	
Fonseca n=52/48 follow-up: 28 weeks	-	-	
Massi n=293/285 follow-up: 52 weeks	-	-	
Pan n=220/223 follow-up: 24 weeks	-	-	
Philis-Tsimikas n=334/164 follow-up: 20 weeks	-	-	
Rosenstock n=259/259 follow-up: 28 weeks	-	-	
Wang n=16/8 follow-up: 12 weeks	-	-	
Yki-Yarvinen n=214/208 follow-up: 52 weeks	-	-	
Yki-Yarvinen n=61/49 follow-up: 36 weeks	-	-	
Yokoyama n=31/31 follow-up: 26 weeks	-	-	
morning insulin glargine vs bedtime insulin glargine			

continued...

Trial	Treatments	Patients	Trials design and methods
Fritche n=463/232 follow-up: 24 weeks	morning insulin glargine versus bedtime insulin glargine	patients with type 2 diabetes previously treated with oral antidiabetic agents	open
lispro +glargine vs continuous infusion			
Herman , 2005 n=NA follow-up:	multiple daily injection using insulin lispro and insulin glargine versus continuous subcutaneous insulin infusion using insulin lispro	-	
insulin glargine vs control			
ORIGINE , 2012 [NCT00069784] n=6264/6273 follow-up: 6.2 years	insulin glargine (with a target fasting blood glucose level of 95 mg per deciliter) versus standard care	with cardiovascular risk factors plus impaired fasting glucose, impaired glucose tolerance, or type 2 diabetes	
insulin glulisine + glargine vs glargine once daily			
Owens , 2011 n=49/57 follow-up: 3 months	basal+bolus (single dose of insulin glulisine immediately prior to the main meal) versus basal insulin (glargin)	patients withT2DM using any basal insulin and HbA1c >7.0% after 3-month of insulin glargine titrated to optimize fasting bloodglucose control	Parallel groups open-label US, UK, Russia
glulisine + glargine vs glulisine + glargine			
OPAL , 2008 n=NA follow-up:	single injection of glulisine before breakfast versus single injection of glulisine before their main mealtime (breakfast, lunch or dinner);	patients with type 2 diabetes who were suboptimally controlled on their previous glargine and OAD regimen	
glargine vs NPH			
Riddle POC 4002 Glargine , 2003 n=NA follow-up:	bedtime glargine versus NPH once daily	overweight men and women with inadequate glycemic control (HbA(1c) >7.5%) on one or two oral agents	Parallel groups open-label
HOE 901/3002 , 2000 n=NA follow-up:	bedtime insulin glargine versus bedtime NPH insulin	insulin-naive type 2 diabetic patients with poor glycemic control on oral antidiabetic agents	
glargine vs NPH + SU			
Riddle n=367/389 follow-up: 24 weeks	bedtime glargine versus NPH	overweight men and women with inadequate glycemic control (HbA(1c) >7.5%) on one or two oral agents	open

continued...

Trial	Treatments	Patients	Trials design and methods
insulin glargine vs placebo			
GRACE - ORIGIN (glargine) , 2012 n=1184 follow-up:	insulin glargine (with a target fasting blood glucose level of <=95 mg per deciliter [5.3 mmol per liter]) versus standard glyceemic care alone	subject with known CV disease and/or CV risk factors plus impaired fasting glucose, impaired glucose tolerance, or type 2 diabetes	Factorial plan open-label
insulin glargine plus insulin glulisine vs premixed insulin analogues			
Levin , 2011 n=NA	-	-	

More details and results :

- prevention for diabetes type 2 in all type of patients at <http://www.trialresultscenter.org/go-Q341>
- prevention for diabetes type 2 in people with impaired glucose tolerance at <http://www.trialresultscenter.org/go-Q416>
- intensive therapy for diabetes type 2 in all type of patients at <http://www.trialresultscenter.org/go-Q459>
- insulin therapy for diabetes type 2 in all type of patients at <http://www.trialresultscenter.org/go-Q548>
- glucose lowering for cardiovascular prevention for diabetes type 2 in all type of patients at <http://www.trialresultscenter.org/go-Q576>

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2 impaired fasting glucose

Trial	Treatments	Patients	Trials design and methods
insulin glargine vs placebo			
GRACE - ORIGIN (glargine) , 2012 n=1184 follow-up:	insulin glargine (with a target fasting blood glucose level of ≤ 95 mg per deciliter [5.3 mmol per liter]) versus standard glycemic care alone	subject with known CV disease and/or CV risk factors plus impaired fasting glucose, impaired glucose tolerance, or type 2 diabetes	Factorial plan open-label

More details and results :

- prevention for impaired fasting glucose in all type of patients at <http://www.trialresultscenter.org/go-Q342>

References

GRACE - ORIGIN (glargine), 2012: