

Pancreatitis, Diabetes, and Newer Antidiabetic Drugs

Sitagliptin and exenatide use did not raise risk for pancreatitis, beyond that incurred from diabetes itself.

Isolated case reports have described acute pancreatitis in users of the relatively new diabetes drugs sitagliptin (Januvia) and exenatide (Byetta). Pancreatitis is now at the top of the "Warnings and Precautions" section of the prescribing information for both drugs.

To explore this potential complication, U.S. researchers linked medical and pharmacy claims databases that included 750,000 nondiabetic patients and 38,600 type 2 diabetic patients; in the latter group, 17% received exenatide, 41% received sitagliptin, and 42% received neither drug. In analyses adjusted for other medications and conditions associated with pancreatitis (e.g., gallstones and triglyceridemia), diabetic patients overall were twice as likely as nondiabetic patients to experience acute pancreatitis during 18 months of observation. However, exenatide and sitagliptin users were not more likely than other diabetic patients to develop pancreatitis. In another retrospective study, drawn from a large U.K. database, diabetic patients had a significant 1.8-fold higher risk for acute pancreatitis than nondiabetic patients. However, the excess risk was smaller (1.4-fold) and of borderline significance in a more extensively adjusted nested case-control analysis.

Comment: These studies suggest that type 2 diabetic patients are at moderately higher risk for acute pancreatitis. Although the researchers attempted to adjust for confounding factors, risk still could be mediated by conditions associated with both pancreatitis and diabetes (e.g., gallstones, triglyceridemia) and not by the diabetes itself. In the U.S. study, neither exenatide nor sitagliptin were confirmed as potential causes of pancreatitis. For me, that study's most interesting finding was the high rate of exenatide or sitagliptin prescribing, despite the absence of long-term evidence that these expensive new drugs lead to better clinical outcomes.

— [Allan S. Brett, MD](#)

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