

- Adverse events and complications limit the long-term use of current treatment options for patients with type 2 diabetes mellitus (T2DM), particularly for older adults who are often receiving treatment for other comorbid conditions.
- This exploratory, *post hoc* analysis of a global, multicenter, randomized, double-blind, active-controlled study aimed to evaluate the benefits of alogliptin 25 mg (n = 222) versus glipizide 5 mg up-titrated to 10 mg (n = 219) once daily for 52 weeks in achieving glycemic control without the risk of hypoglycemia and weight gain in older (65-90 years) patients with T2DM.
- Least squares mean glycosylated hemoglobin (HbA1c) changes from baseline to Week 52 were similar in both alogliptin and glipizide groups, but the proportion of patients achieving a composite endpoint of HbA1c $\leq 7.0\%$ without hypoglycemia or weight gain was significantly higher for alogliptin versus glipizide (24% vs 13%, $p < 0.03$).
- Alogliptin demonstrated similar efficacy to glipizide in lowering HbA1c in older patients with T2DM, but significantly more patients achieved an HbA1c $\leq 7.0\%$ without hypoglycemia or an increase in body weight.

This summary slide represents the opinions of the authors. Sponsorship for this study was funded by Takeda Global Research & Development Center, Inc. Medical writing assistance for this study was provided by Sarah Baldock, Gillian Gummer and Pin Lu (Rx Communications, UK). For a full list of acknowledgments and conflicts of interest for all authors of this article, please see the full text online. Copyright © The Authors 2014. Creative Commons Attribution Noncommercial License (CC BY-NC).