

Type 2 Diabetes: A Matter Of Control

(NAPSA)—Nearly 21 million people in the United States (7 percent of the population) have diabetes. Moreover, it is estimated that one in three Americans born in 2000 will develop diabetes sometime during their lifetime, making it one of the fastest growing healthcare problems in the country.

Diabetes is a disease of high blood sugar. When you have diabetes, your blood sugar is out of balance. Balanced blood sugar means that your blood sugar level is neither too high nor too low. It is within a healthy range. The most common form of diabetes is type 2 diabetes. Type 2 accounts for 90 to 95 percent of all diabetes cases.

Approximately half of people diagnosed with type 2 diabetes have not achieved adequate control of their blood sugar levels. To take care of your diabetes, it's important to keep your blood sugar level at a healthy balance. Keeping track of your blood sugar levels yourself is a good thing to do. To take care of your diabetes, your doctor may tell you that you need to make some lifestyle changes. You might need to make some changes to the way you eat, become more active, lose some weight or take medicine every day.

Januvia (sitagliptin) is a once-daily pill that helps lower blood sugar levels in people with type 2 diabetes, along with diet and exer-



cise. If you have type 2 diabetes, Januvia can help you lower your blood sugar. And the way Januvia works means that it's not likely to cause hypoglycemia (low blood sugar).

And there's more good news: Unlike with some other diabetes medicines, most people who took Januvia did not gain weight. This is a big plus for many people with type 2 diabetes, because keeping at a healthy weight helps control blood sugar.

"As a physician, I am pleased by the growing array of tools to work with when caring for patients to help manage their diabetes. Januvia gives physicians another option to treat patients with type 2 diabetes," said David G. Robertson, M.D., Atlanta Diabetes Associates.

In studies, side effects were usually mild and similar to side

effects in patients taking a placebo (pill without medicine). The most common side effects were upper respiratory tract infection, stuffy or runny nose and sore throat, and headache. Januvia has not been studied with medicines known to cause low blood sugar, such as sulfonylureas or insulin. Ask your doctor if you are taking a sulfonylurea or other medicine that can cause low blood sugar.

Taking Januvia can be a healthy step toward getting blood sugar levels into balance. If you have type 2 diabetes, talk to your doctor to find out if Januvia is right for you.

Important Information

Januvia is not for patients with type 1 diabetes or for patients with diabetic ketoacidosis (increased ketones in the blood or urine). If you have kidney problems, your doctor may prescribe lower doses of Januvia.

Your doctor may perform blood tests on you from time to time to measure how well your kidneys are working, because kidney problems may change the amount of Januvia you need. Along with Januvia, follow your doctor's recommendations for eating healthy, leading an active lifestyle and losing weight.

For more information on Januvia and type 2 diabetes, talk to your doctor and visit www.Januvia.com.

Note to Editors: Additional Important Safety Information: Januvia is indicated, as an adjunct to diet and exercise, to improve glycemic control in patients with type 2 diabetes mellitus. Januvia is also indicated to improve glycemic control, in combination with metformin or a TZD, in patients with type 2 diabetes when the single agent alone plus diet and exercise do not provide adequate glycemic control. Januvia should not be used in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis, as it would not be effective in those settings. There are no contraindications for Januvia. In clinical trials, Januvia demonstrated an overall incidence of side effects comparable to placebo. The most common side effects reported with Januvia (≥ 5 percent and higher than placebo) were stuffy or runny nose and sore throat, upper respiratory infection, and headache. The incidence of selected gastrointestinal adverse reactions in patients treated with Januvia was as follows: abdominal pain (Januvia, 2.3 percent; placebo, 2.1 percent), nausea (1.4 percent, 0.6 percent) and diarrhea (3.0 percent, 2.3 percent). Because Januvia is renally eliminated, and to achieve plasma concentrations of Januvia similar to those patients with normal renal function, a dosage adjustment is recommended in patients with moderate renal insufficiency and in patients with severe renal insufficiency or with end-stage renal disease (ESRD) requiring hemodialysis or peritoneal dialysis. Safety and effectiveness of Januvia in pediatric patients have not been established. There are no adequate and well-controlled studies in pregnant women. Januvia should be used during pregnancy only if clearly needed. Caution should be exercised when Januvia is administered to nursing women. The recommended dose of Januvia is 100 mg once daily, with or without food, for all approved indications. No dosage adjustment is needed for patients with mild to moderate hepatic insufficiency or in patients with mild renal insufficiency (CrCl ≥ 50 mL/min). To achieve plasma concentrations of Januvia similar to those in patients with normal renal function, lower dosages are recommended in patients with moderate and severe renal insufficiency as well as in ESRD patients requiring hemodialysis. For patients with moderate renal insufficiency (CrCl ≥ 30 to <50 mL/min), the dose of JANUVIA is 50 mg once daily. For those with severe renal insufficiency (CrCl <30 mL/min) or with ESRD requiring dialysis, the dose of Januvia is 25 mg once daily. Because there is a need for dosage adjustment based on renal function, assessment of renal function is recommended prior to initiation of Januvia and periodically thereafter.