The third revision of the guideline on type 2 diabetes mellitus published by the Dutch College of General Practitioners (NHG) presents recommendations for the diagnostic work-up, treatment and management of patients with this disease in general practice. The scientific evidence for the recommendation to use gliclazide as the drug of first choice among the sulfonyl urea derivatives is fairly weak, as it is based on two observational studies\textsuperscript{7 8} and one randomized study\textsuperscript{9} which compared intensive blood glucose control with routine control but not with another sulfonyl urea derivative.

The recommended stepwise management plan rightly does not mention (except in a footnote) the prescription of DPP-4 inhibitors and GLP-1 agonists, in view of the lack of evidence for their efficacy on hard endpoints, but also because the long-term safety of these agents has not been established, and new data suggest (severe) side-effects such as dyspnea, allergic reactions, pancreatitis and kidney failure (\textit{Gebu} 2010; 44: 49-55). \textit{Pioglitazone} has also been rightly removed from the management recommendations. The previous version of the NHG guideline included pioglitazone on the basis of limited research, and its efficacy has never been proven using hard endpoints. In addition, research published since the previous version has shown that pioglitazone not only increases the risk of heart failure, but also that of fractures\textsuperscript{15} (\textit{Gebu} 2007; 41:105-112) and bladder cancer\textsuperscript{16} (\textit{Gebu} 2011; 45: 10 and \textit{Gebu} 2012; 46: 33). It is because of these risks that the licence for pioglitazone in France has been suspended (\textit{Gebu} 2011; 45: 95-96). These developments illustrate that one should be cautious about indicating new agents as preferred medications in guidelines.

References*


*The literature refers to the Dutch text