RESULTS (continued)

Table 3. Insulin Secretion Following IV Arginine: Changes from Baseline at Week 12

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Baseline, mean (SD)</th>
<th>PBO Week 12, mean (SD)</th>
<th>SAXA 5 mg – Week 12, mean (SD)</th>
<th>Adjusted % difference vs PBO (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline, mean (SD)</td>
<td>156 (5.18)</td>
<td>164 (5.23)</td>
<td>160 (5.19)</td>
<td>6.9 (0.12)</td>
</tr>
<tr>
<td><em>P value vs PBO = 0.031.</em>*</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

CONCLUSIONS

Saxagliptin (SAXA), an oral, selective DPP-4 inhibitor, increased peak levels of intact, active GLP-1 and GIP in the postprandial state during sequential IV-oral hyperglycaemic clamp. Saxagliptin (SAXA) was associated with a numerically increased peak glucagon levels of about 12% above PBO, and C-peptide response, although not statistically significant. Lowered postprandial glucagon secretion.

Saxagliptin increased peak levels of glucagon in patients with Type 2 Diabetes, and may be important in understanding the benefits and risks of antidepressants in patients with Type 2 Diabetes.

REFERENCES