

VI.2 Elements for a public summary

VI.2.1 Overview of disease epidemiology

The prevalence of diabetes for all age-groups worldwide was estimated to be 2.8% in 2000 and 4.4% in 2030. The total number of people with diabetes is projected to rise from 171 million in 2000 to 366 million in 2030. The prevalence of diabetes is higher in men than women, but there are more women with diabetes than men. The combined effect of a greater number of elderly women than men in most populations and the increasing prevalence of diabetes with age is the most likely explanation for this observation. The urban population in developing countries is projected to double between 2000 and 2030. The most important demographic change to diabetes prevalence across the world appears to be the increase in the proportion of people >65 years of age¹.

Important co-morbidity and risk factors in the target population

Diabetes-related comorbidities include cardiovascular diseases, retinopathy, nephropathy and diabetic foot. However, patients with diabetes do not only have diabetes-related comorbidity but also have non diabetes-related comorbidity, such as depression and musculoskeletal diseases². Being overweight is a primary risk factor for type 2 diabetes. The risk of type 2 diabetes increases if the parent or sibling has type 2 diabetes. Blacks, Hispanics, American Indians and Asian-Americans are more likely to develop type 2 diabetes than whites are. Prediabetes and gestational diabetes also increase the risk of type 2 diabetes mellitus³.

VI.2.2 Summary of treatment benefits

Gliclazide is a well-known sulphonylurea given by mouth to lower blood glucose concentration in the treatment of type 2 diabetes mellitus. Gliclazide is used when dietary measures, weight loss and physical exercise are not enough to manage blood sugar concentrations in people with type 2 diabetes.

The current consensus algorithms for medical management of type 2 DM recommend a combination of lifestyle intervention and metformin as initial therapy for type 2 DM, followed by other oral hypoglycemic agents and insulin. Besides biguanides (metformin), other antidiabetic agents include several groups of drugs, i.e. sulphonylureas, glitinides, thiazolidinediones or glitazones, α -glucosidase inhibitors (acarbose), GLP-1 analogues, dipeptidyl peptidase 4 inhibitors, and amylin agonists (pramlintide)⁴.

VI.2.3 Unknowns relating to treatment benefits

Gliclazide is not a new, but a well-established drug (more than 10 years in the market). The use is well established with recognised efficacy and acceptable safety. The efficacy of gliclazide has not been evaluated in children and adolescents.

VI.2.4 Summary of safety concerns

Important identified risks

Risk	What is known	Preventability
<p>Hypoglycaemia (low blood sugar)</p>	<p>In the first few weeks of gliclazide treatment the risk of having reduced bloodsugar levels may be increased. So particularly close medical monitoring is necessary.</p> <p>Low blood sugar may occur with irregular intake of food, fasting, increase physical activity, drinking alcohol especially in combination with skipped meals.</p> <p>The risk of low blood sugar may also occur with high doses of gliclazide. The symptoms of low blood sugar include the following: headache, intense hunger, nausea, vomiting, weariness, sleep disorders, restlessness, aggressiveness, poor concentration, reduced alertness and reaction time, depression, confusion, speech or visual disorders, tremor, sensory disturbances, dizziness, sweating, clammy skin, anxiety, fast or irregular heart beat, high blood pressure, sudden strong pain in the chest that may radiate into nearby areas (angina pectoris).</p> <p>In most cases the symptoms of low blood sugar vanish very quickly when you consume some form of sugar, e.g. glucose tablets, sugar cubes, sweet juice, sweetened tea.</p> <p>Please contact your doctor or the nearest hospital if</p>	<p>Administration according to the recommendations laid out in the SmPC.</p>

	taking sugar does not help or if the symptoms recur.	
Hypersensitivity	<p>Do not take gliclazide tablets, if you are allergic to gliclazide or any of the other ingredients of this medicine.</p> <p>Do not take gliclazide tablets, if you are allergic to other medicines of the same group (sulfonylurea), or to other related medicines (hypoglycaemic sulphonamides).</p> <p>Please contact your doctor before taking this medicinal product.</p>	Administration according to the recommendations laid out in the SmPC.
Type 1 diabetes	Do not take gliclazide, If you have insulin-dependent diabetes (type 1). Please contact your doctor before taking this medicinal product.	Administration according to the recommendations laid out in the SmPC.
<ul style="list-style-type: none"> Diabetic pre-coma and coma, diabetic keto-acidosis 	<p>Do not take gliclazide, If you have ketone bodies and sugar in your urine (this may mean you have diabetic keto-acidosis).</p> <p>Do not take gliclazide, if you have a diabetic pre-coma or coma (a reversible form of coma found in people with diabetes mellitus).</p> <p>Please contact your doctor before taking this medicinal product.</p>	Administration according to the recommendations laid out in the SmPC.
Severe renal or hepatic insufficiency	Do not take gliclazide, if you have reduced kidney or liver function. Such conditions may cause low blood sugar (hypoglycaemia). Please contact your doctor before taking this medicinal product.	Administration according to the recommendations laid out in the SmPC.

<ul style="list-style-type: none"> Poor blood glucose control 	<p>Conditions like fever, trauma, infections and surgeries may impair blood glucose control in patients receiving antidiabetic treatment. The efficacy of any oral antidiabetic medicinal product, including gliclazide, may be reduced due to progression of diabetes, or to a reduced response to treatment. Please contact your doctor before taking this medicinal product.</p>	<p>Administration according to the recommendations laid out in the SmPC.</p>
<p>Increase risk of hypoglycaemia following concomitant use of gliclazide with miconazole, phenylbutazone, alcohol, other antidiabetic medicinal products (insulins, acarbose, metformin, thiazolidinediones, dipeptidyl peptidase-4 inhibitors, GLP-1 receptor agonists), beta-blockers, fluconazole, angiotensin converting enzyme inhibitors (captopril, enalapril), H2-receptor antagonists, Mono amine oxidase inhibitors (MAOIs), sulfonamides, clarithromycin and non-steroidal anti-inflammatory drugs</p>	<p>The blood sugar lowering effect of gliclazide may be strengthened and signs of low blood sugar levels may occur when gliclazide taken along with following medicines:</p> <ul style="list-style-type: none"> ➤ Medicines to treat fungal infections (miconazole, fluconazole) ➤ Painkiller or antirheumatics (phenylbutazone, ibuprofen). ➤ Other medicines used to treat high blood sugar (oral antidiabetics or insulin). ➤ Medicines to treat high blood pressure or heart failure (beta-blockers, ACE-inhibitors such as captopril, or enalapril). ➤ Medicines to treat ulcers in the stomach or duodenum (H2 receptor antagonists). ➤ Medicines to treat depression (monoamine oxidase inhibitors). ➤ Medicines containing alcohol <p>Consult your doctor before you start taking</p>	<p>Administration according to the recommendations laid out in the SmPC.</p>

	<p>another medicinal product. If you go into hospital tell the medical staff you are taking gliclazide.</p>	
<ul style="list-style-type: none"> Increase in blood glucose levels following concomitant use of danazol, chlorpromazine, glucocorticoids, ritodrine, salbutamol, terbutaline (i.v.) 	<p>The blood glucose lowering effect of gliclazide may be weakened and raised blood sugar levels may occur when gliclazide taken along with following medicines:</p> <ul style="list-style-type: none"> ➤ Medicines to treat breast disorders, heavy menstrual bleeding and endometriosis (danazol) ➤ Medicines to treat disorders of the central nervous system (chlorpromazine) ➤ Medicines reducing inflammation (corticosteroids), ➤ Medicines to treat asthma or used during labour (intravenous salbutamol, ritodrine and terbutaline) <p>Consult your doctor before you start taking another medicinal product. If you go into hospital tell the medical staff you are taking gliclazide</p>	<p>Administration according to the recommendations laid out in the SmPC.</p>

Important potential risks

Risk	What is known
<p>Risk of haemolytic anaemia in patients with G6PD-deficiency</p>	<p>If you have a family history of or know you have the hereditary condition glucose-6-phosphate dehydrogenase (G6PD) deficiency (abnormality of red blood cells), lowering of the haemoglobin level and breakdown of red blood cells (haemolytic anaemia) can occur. Contact your doctor before taking this medicinal product.</p>
<p>Concomitant use of gliclazide with anticoagulant therapy (warfarin)</p>	<p>Gliclazide may increase the effects of medicines which reduce blood clotting (e.g. warfarin). Consult your doctor before you start taking another medicinal product. If you go into hospital tell the medical staff you</p>

	are taking gliclazide.
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Missing information:

Risk	What is known
Use in pregnant and lactating women	Do not take gliclazide if you are breast-feeding. If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine. Gliclazide is not recommended for use during pregnancy.
Use in Paediatric population	The safety and efficacy of gliclazide in children and adolescents have not been established. It is not recommended for use in children due to a lack of data.

VI.2.6 Planned post authorisation development plan (if applicable)

N/A

VI.2.7 Summary of changes to the risk management plan over time

N/A