**Bottom Line:**

We have UNCERTAINTY about somewhat REASSURING CV results & concerns about HF & fracture.

- Adding rosiglitazone to patients on either MF or SU seems to be no worse on CV endpoints than combining MF & a SU.
- Rosiglitazone may not ↑CV risk in patients who do not have HF, recent CV related hospital admission or ischemic heart disease. Although somewhat reassuring, when the significant trial limitations are considered along with the results of previous trials, there is still uncertainty. (Remember we are still talking about uncertain harm; ideally we’d be talking about benefit.)
- Adding rosiglitazone: ↓5 yrs, ↑ heart failure, ↓fractures, ↓& weight gain. More than MF or a SU but ↓ hyperglycemia.
- Other considerations & unanswered questions:
  - How would addition of rosiglitazone to a SU or MF compare to adding insulin to MF?
  - How does rosiglitazone compare to pioglitazone (ACTOS)? (Pioglitazone has uncertain CV benefit based on the PROACTIVE trial so debate has been over whether neutral or beneficial for CV. Similar HF and fracture concerns.)
  - Does it matter which SU is used or what dose of SU is used? (Higher SU doses may be associated with hyperglycemia & adverse outcomes.)
  - Cost ($/Canada/100days): MF 2.550mg/day=$60; Gliclazide MR 60-240mg/day=$40-140; Rosiglitazone 4-8mg/day=$260-360
References

See also: