PERÚ Ministerio de salud | Dirección General de Medicamentos, Insumos y Drogas | DIGEMID

Organización Panamericana de la Salud
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Primera Reunión Técnica Nacional

"Centros y Servicios de Información de Medicamentos – Gestión del Conocimiento"

OTROS METABUSCADORES

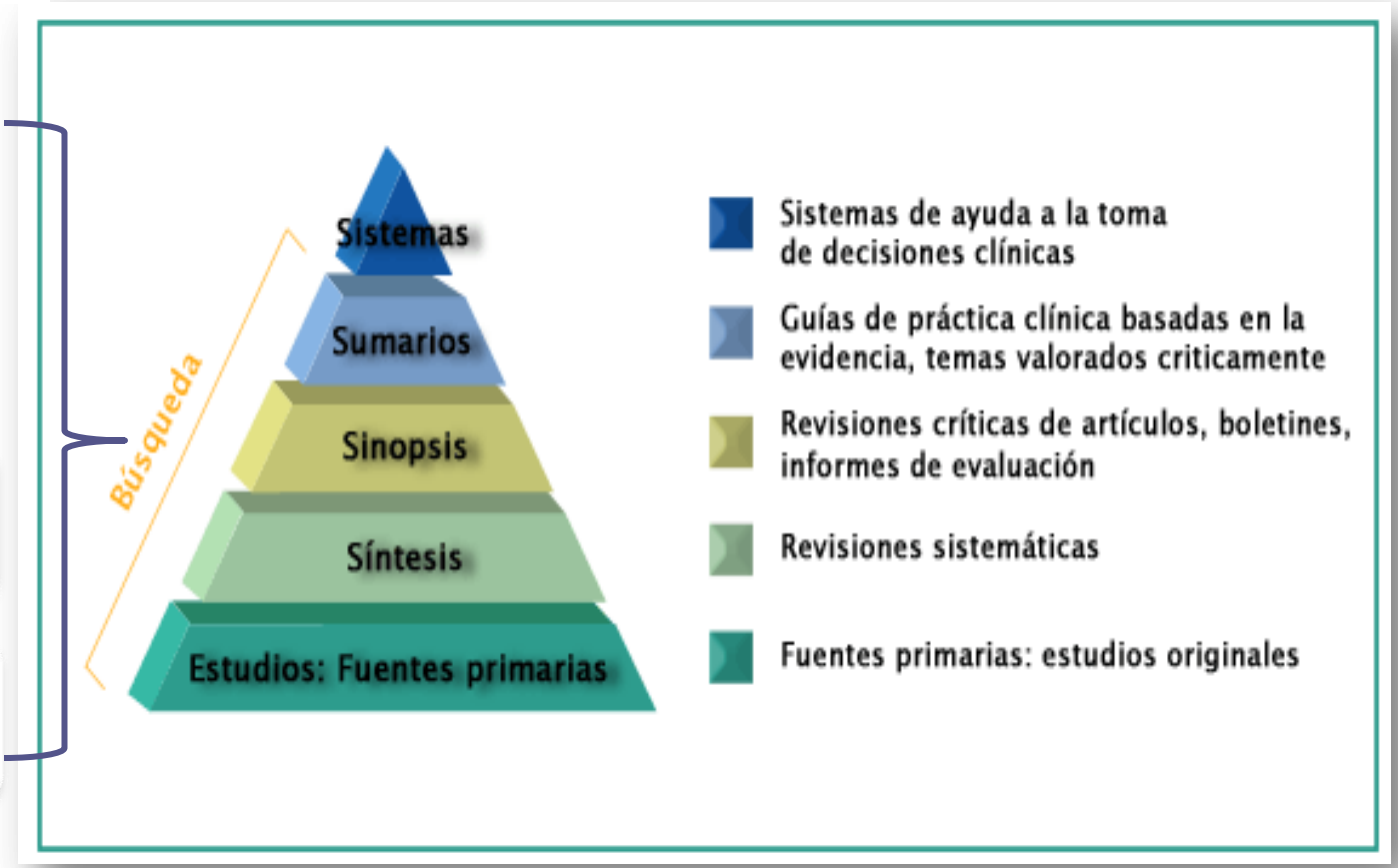
14 y 15 de noviembre del 2011

CenadIM
Centro Nacional de Documentación e Información de Medicamentos

Q.F. María Emilia Ledezma Carbajal

Pirámide de Haynes

METABUSCADORES



Haynes RB, ACP J Club 2006;145(3):A8

Desventaja:

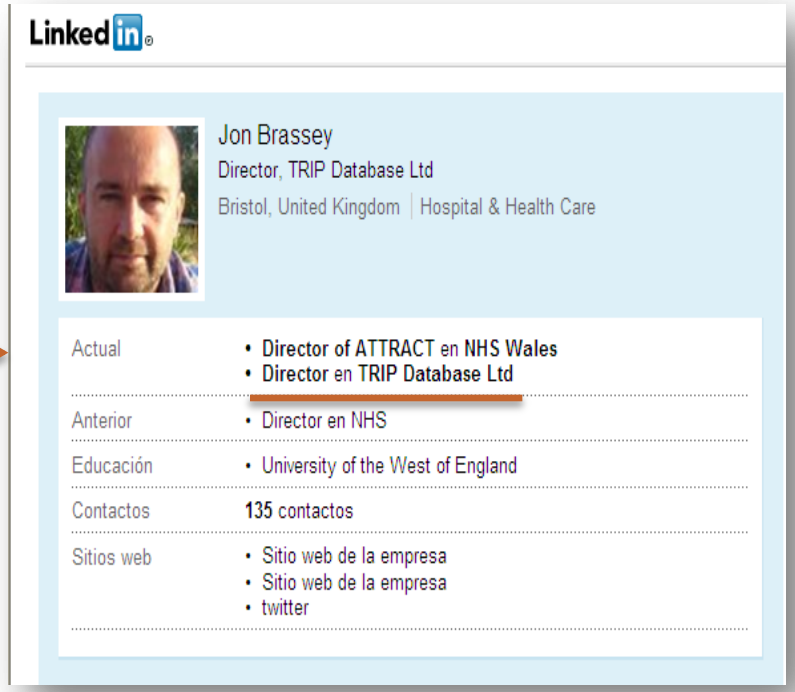
No todos los estudios mostrados son a Texto Completo

TRIP (Turning Research Into Practice) Database

Es un buscador diseñado para permitir a los profesionales de la salud a encontrar rápidamente respuestas a sus preguntas clínicas utilizando la mejor evidencia disponible.

Jon Brassey y el Dr. Chris Precio

Al responder preguntas clínicas buscando en varios sitios webs por separado demandaba un tiempo excesivo.



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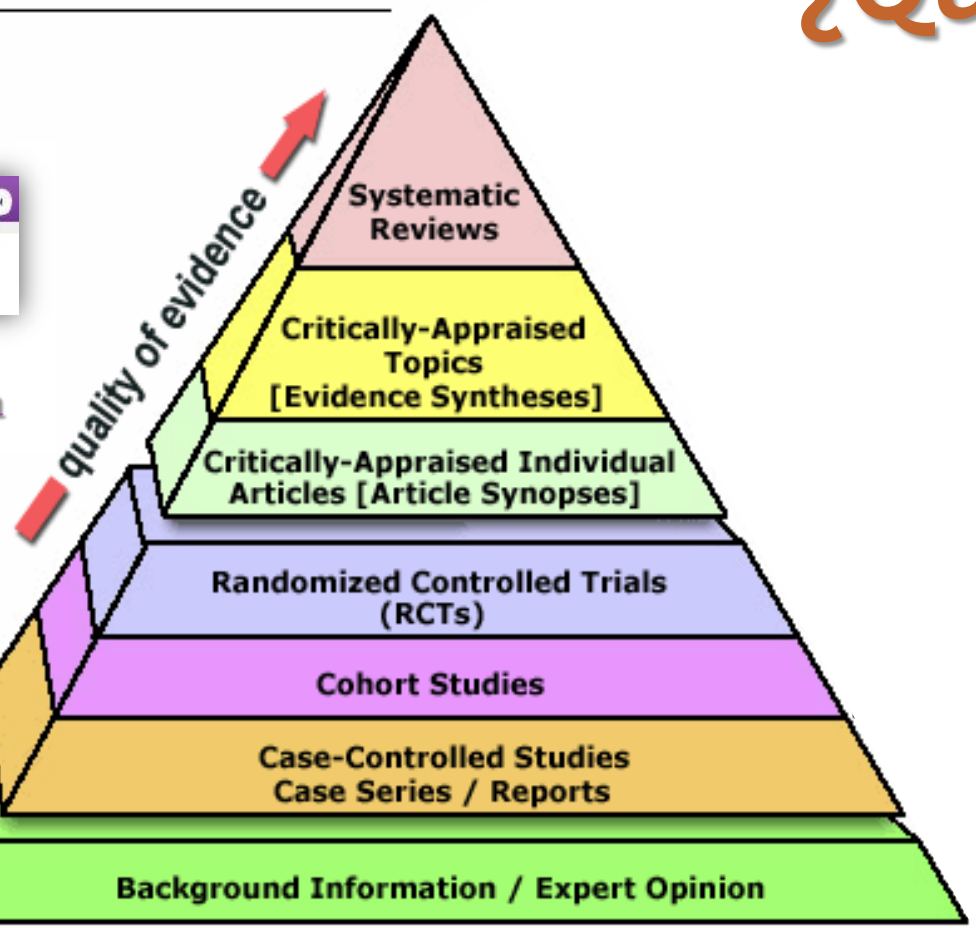
1997

Crearon **TRIP database**, permitiendo una búsqueda simultánea en varios sitios webs, y con ello acelerar el proceso de respuesta a una pregunta clínica.

¿Qué busca?

Búsqueda simultánea



Yale University Library. *http://guides.library.yale.edu/content.php?pid=9786&sid=73113*

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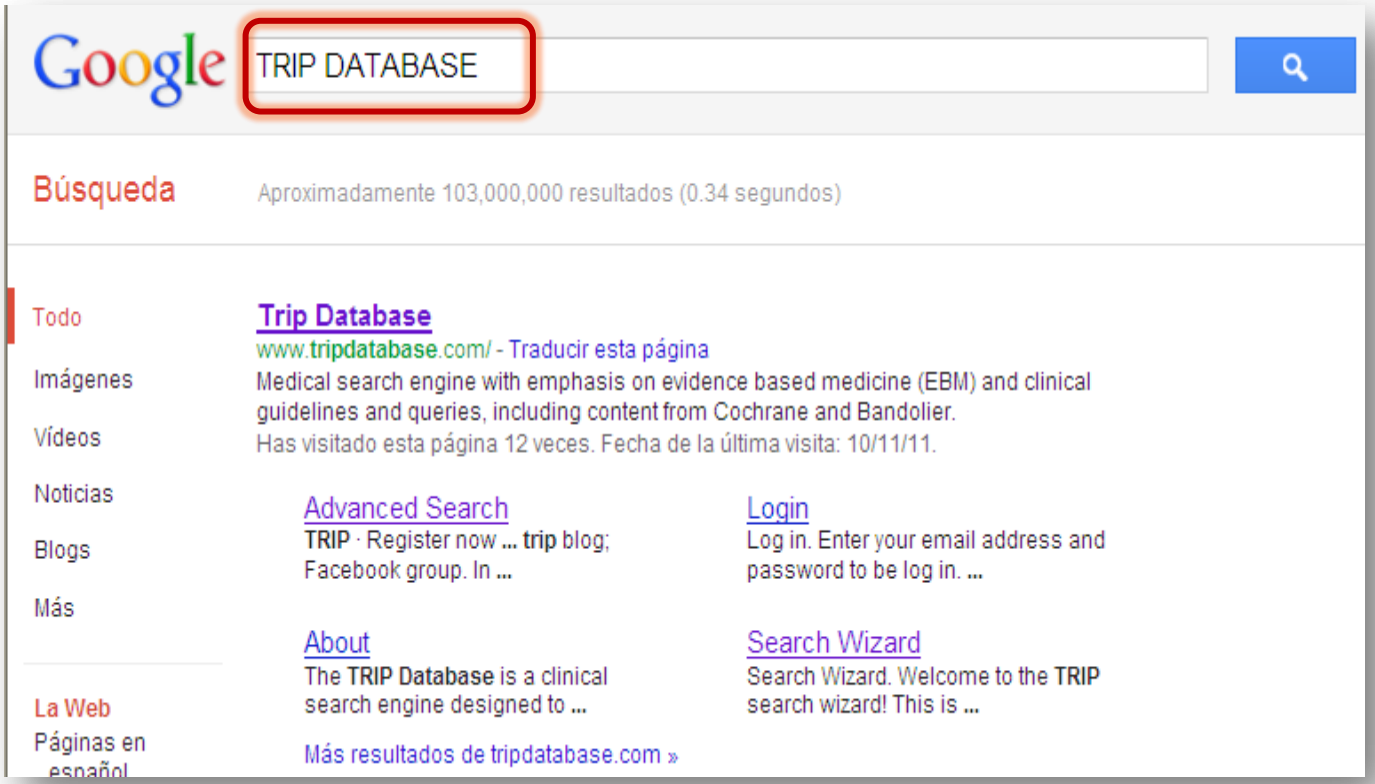

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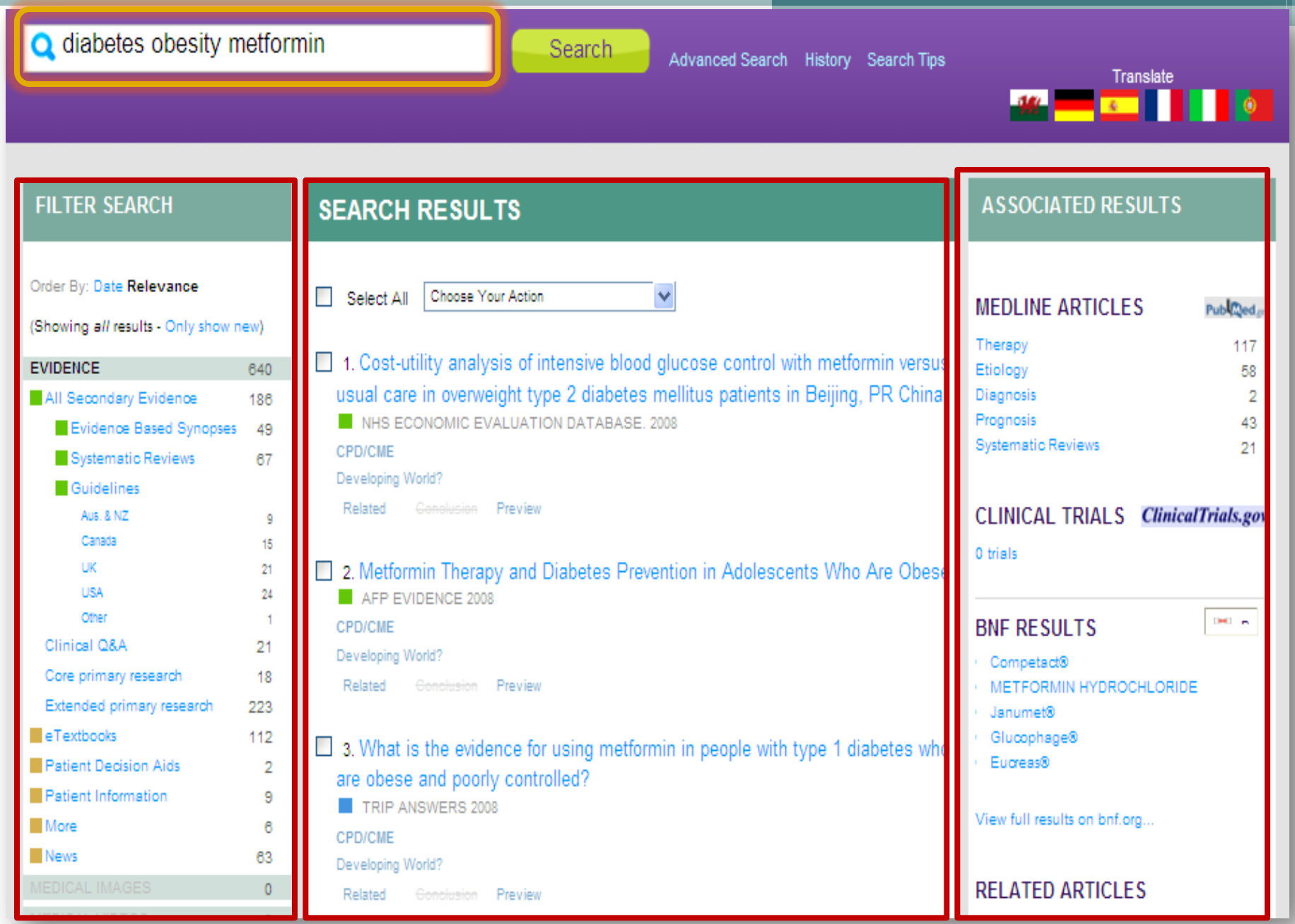
diabetes obesity metformin
Search
Advanced Search
History
Search Tips
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FILTER SEARCH
Order By: Date Relevance
(Showing all results - Only show new)
EVIDENCE 640
All Secondary Evidence 186
Evidence Based Synopses 49
Systematic Reviews 67
Guidelines
Aus. & NZ 9
Canada 15
UK 21
USA 24
Other 1
Clinical Q&A 21
Core primary research 18
Extended primary research 223
eTextbooks 112
Patient Decision Aids 2
Patient Information 9
More 6
News 63
MEDICAL IMAGES 0
SEARCH RESULTS
Select All
Choose Your Action
1. Cost-utility analysis of intensive blood glucose control with metformin versus usual care in overweight type 2 diabetes mellitus patients in Beijing, PR China
NHS ECONOMIC EVALUATION DATABASE. 2008
CPD/CME
Developing World?
Related Conclusion Preview
2. Metformin Therapy and Diabetes Prevention in Adolescents Who Are Obese
AFP EVIDENCE 2008
CPD/CME
Developing World?
Related Conclusion Preview
3. What is the evidence for using metformin in people with type 1 diabetes who are obese and poorly controlled?
TRIP ANSWERS 2008
CPD/CME
Developing World?
Related Conclusion Preview
ASSOCIATED RESULTS
MEDLINE ARTICLES
Therapy 117
Etiology 58
Diagnosis 2
Prognosis 43
Systematic Reviews 21
CLINICAL TRIALS
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Extended primary research 223
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Select All | Choose Your Action

1. Cost-utility analysis of intensive blood glucose control with metformin versus usual care in overweight type 2 diabetes mellitus patients in Beijing, PR China
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   CPD/CME
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   Related ~~Conclusion~~ Preview

2. Metformin Therapy and Diabetes Prevention in Adolescents Who Are Obese
   AFP EVIDENCE 2008
   CPD/CME
   Developing World?
   Related ~~Conclusion~~ Preview

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   Developing World?
   Related ~~Conclusion~~ Preview


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ASSOCIATED RESULTS
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Prognosis 43
Systematic Reviews 21
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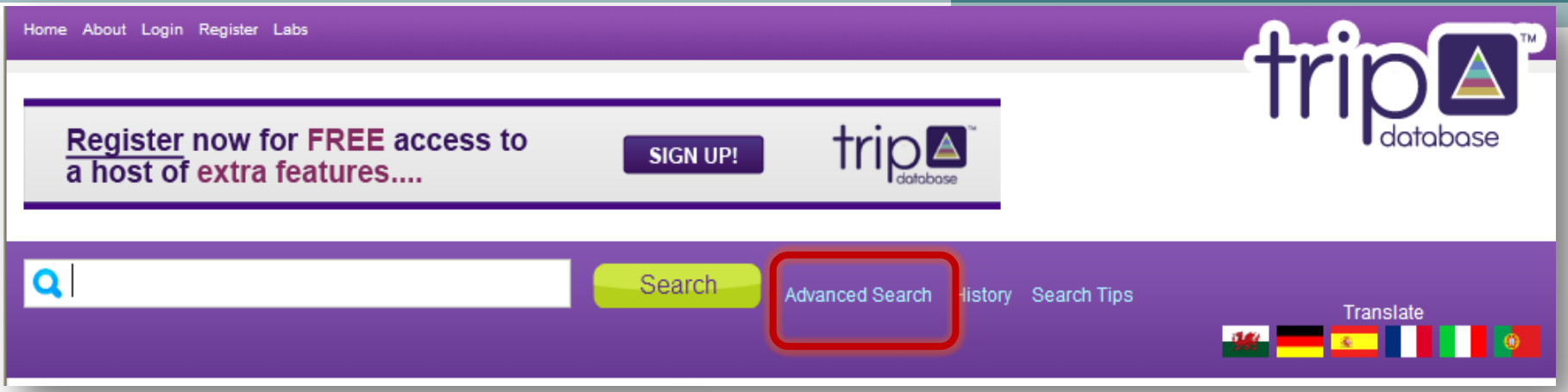
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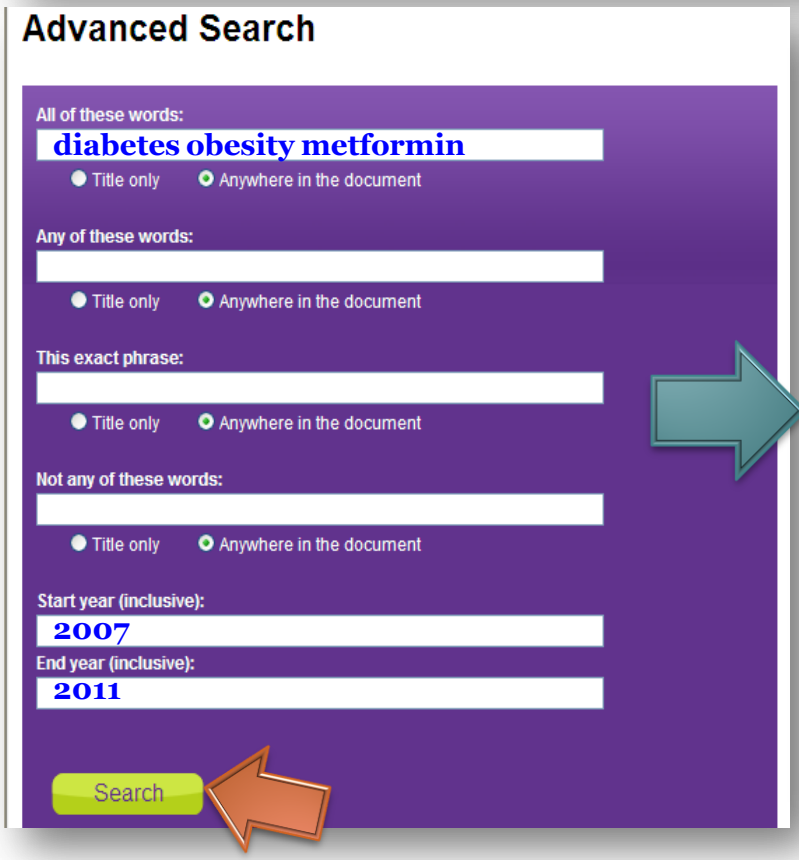
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Title only
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Not any of these words:
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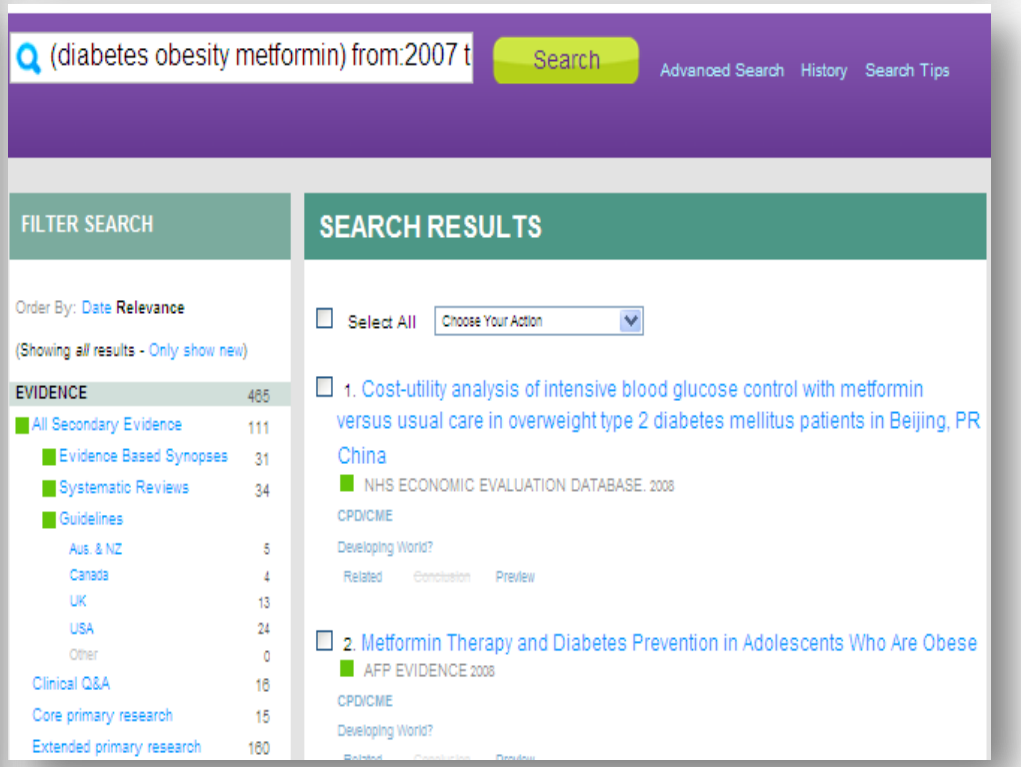
Start year (inclusive):
2007
End year (inclusive):
2011
Search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CPD/CME
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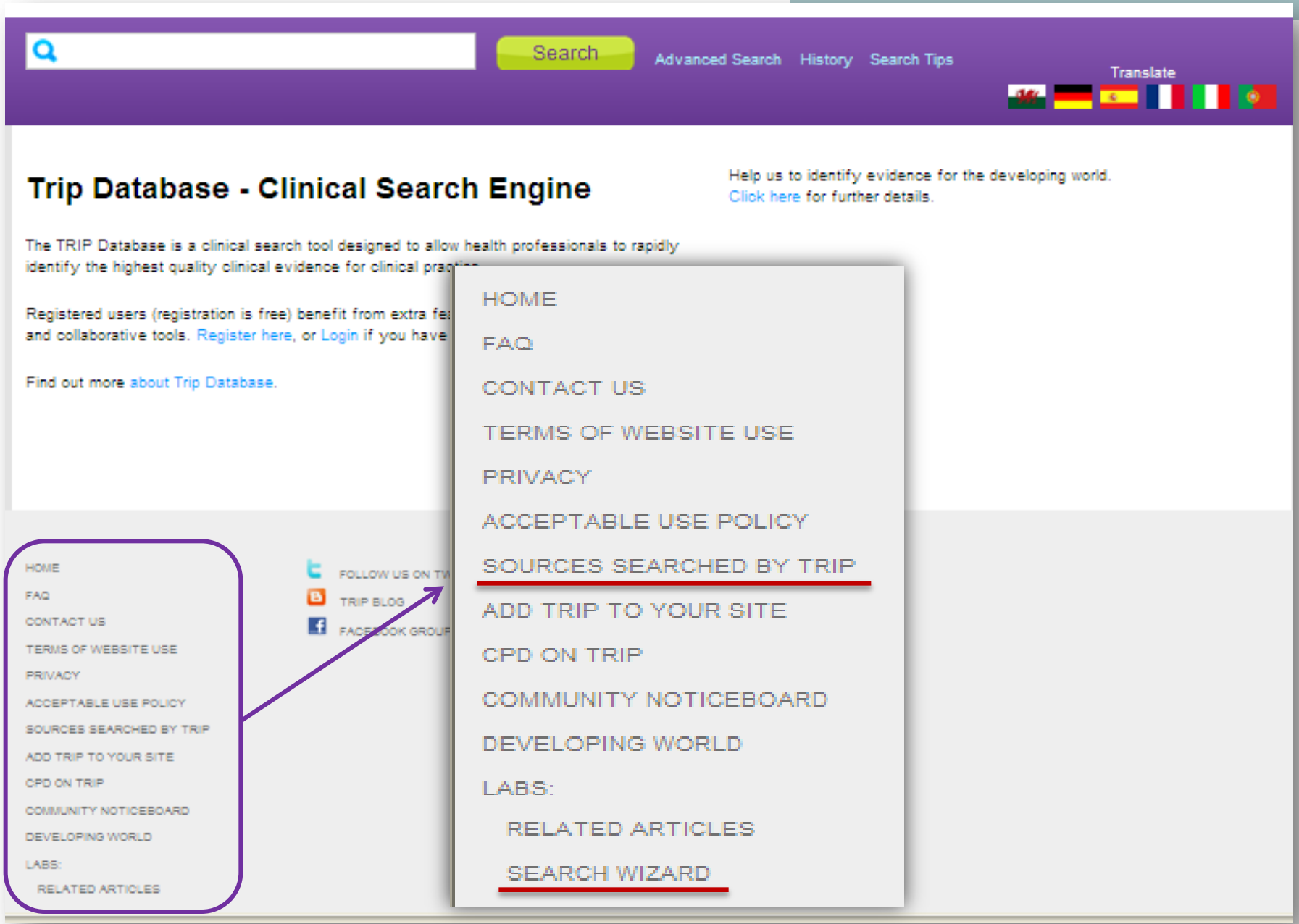
AFP EVIDENCE 2008
CPD/CME
Developing World?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Sources searched by TRIP

Below are all the publications searched by
publications.

Evidence Based Synopses

Systematic Reviews

Guidelines - Aus. & NZ

Guidelines - Canada

Guidelines - UK

Guidelines - USA

Guidelines - Other

Clinical Q&A

Core primary research

Extended primary research

eTextbooks

Medical Education - Patient Decision Aids

Patient Information

More

News

USA

Medical Education - UK

Systematic Reviews

- Agency for Healthcare Research and Quality - Evidence-based Practice
- AHRQ - Outcome and Effectiveness
- AHRQ - Preventive Services
- AHRQ - Technology Assessment
- All Wales Medicines Strategy Group
- ASERNIP-S
- Cochrane Database of Systematic Reviews
- DARE
- DARE.
- EPPI Centre
- FFPRHC
- Health Technology Assessment (HTA) Database
- Health Technology Assessment (HTA) Database.
- Institute for Clinical Systems Improvement
- Medical Services Advisory Committee
- National Collaborating Centre for Environmental Health
- National Institute for Health and Clinical Excellence - Interventional Procedures
- National Institute for Health and Clinical Excellence - Medical technologies
- National Institute for Health and Clinical Excellence - Technology Appraisals
- National Institute of Clinical Studies (Australia)
- NHS Economic Evaluation Database.
- NHS EED..
- NHS Quality Improvement Scotland
- NIH Consensus Statements

Search Wizard

Welcome to the TRIP search wizard! This is an experimental approach to search and is based on the PICO method of asking focused questions. For further information on PICO see http://www.cebm.net/?o=1036.

There are 4 elements and not all are compulsory. However, we recommend at least 3 boxes are completed.

Population:
This is the type of patient you're interested in e.g. diabetics. However, for this trial version add the disease name e.g. diabetes not diabetics!

osteoporosis

Search

Intervention:
This is any intervention e.g. treatment, diagnostic test

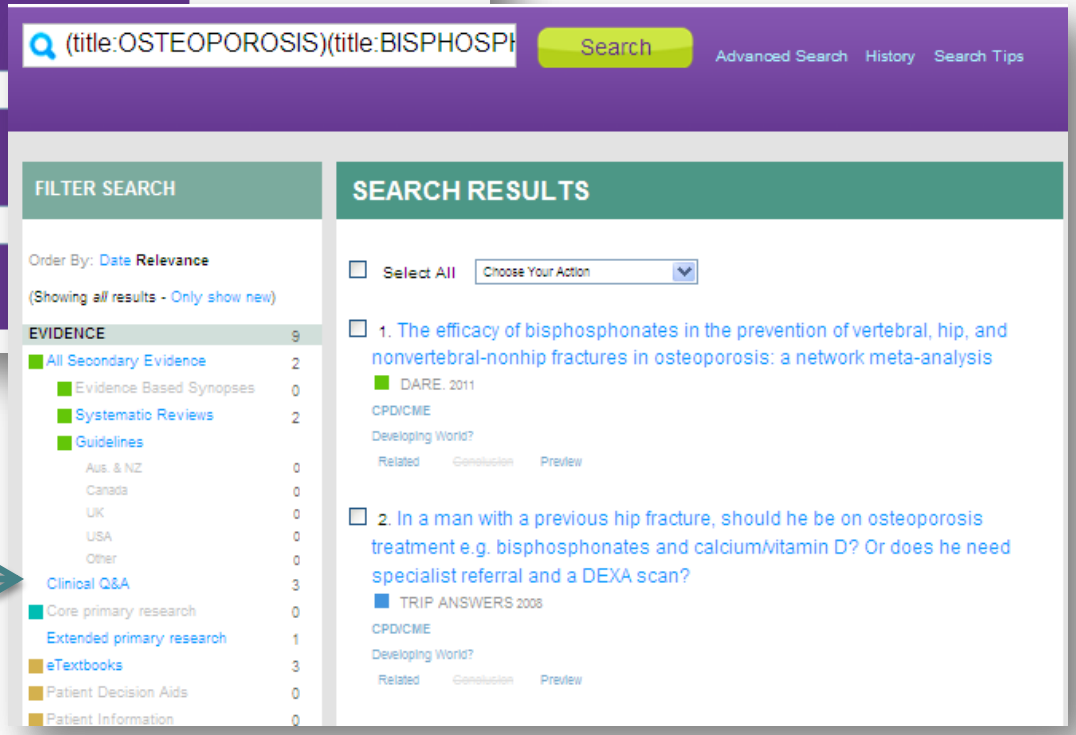
bisphosphonates

Comparison:
This is a comparison intervention; are you comparing your intervention with another treatment or test?

calcium

Outcome:
What outcome are you interested in e.g. reduced mortality, fewer exacerbations

fractures




SUMSearch 2

SUMSearch 2

SUMSearch está escrito por Bob Badgett fue la primera línea como "SmartSearch Médica" en octubre de 1998. SUMSearch se trasladó a SUMSearch 2 en agosto de 2010

SUMSearch

CAMBIOS

SUMSearch 2

1) Más rápida
2) Las estrategias de búsqueda son validadas
3) Las Guías de Práctica Clínica de PubMed y del National Guidelines Clearinghouse; y Revisiones Sistemáticas de DARE (Database of Abstracts of Reviews of Effects) y del PubMed se han fusionado en una sola lista ordenada por año de publicación.

¿Qué busca?

Busca simultáneamente:
- Estudios originales
- Revisiones sistemáticas y
- Guías de práctica clínica en varios sitios web.

Siempre se encuentra actualizado.

SUMSearch Fusiona y ordena resultados de **PubMed**, **Dare**, y **NGC**

PubMed www.pubmed.gov

Centre for Reviews and Dissemination

National Guideline Clearinghouse www.guideline.gov

http://sumsearch.org/

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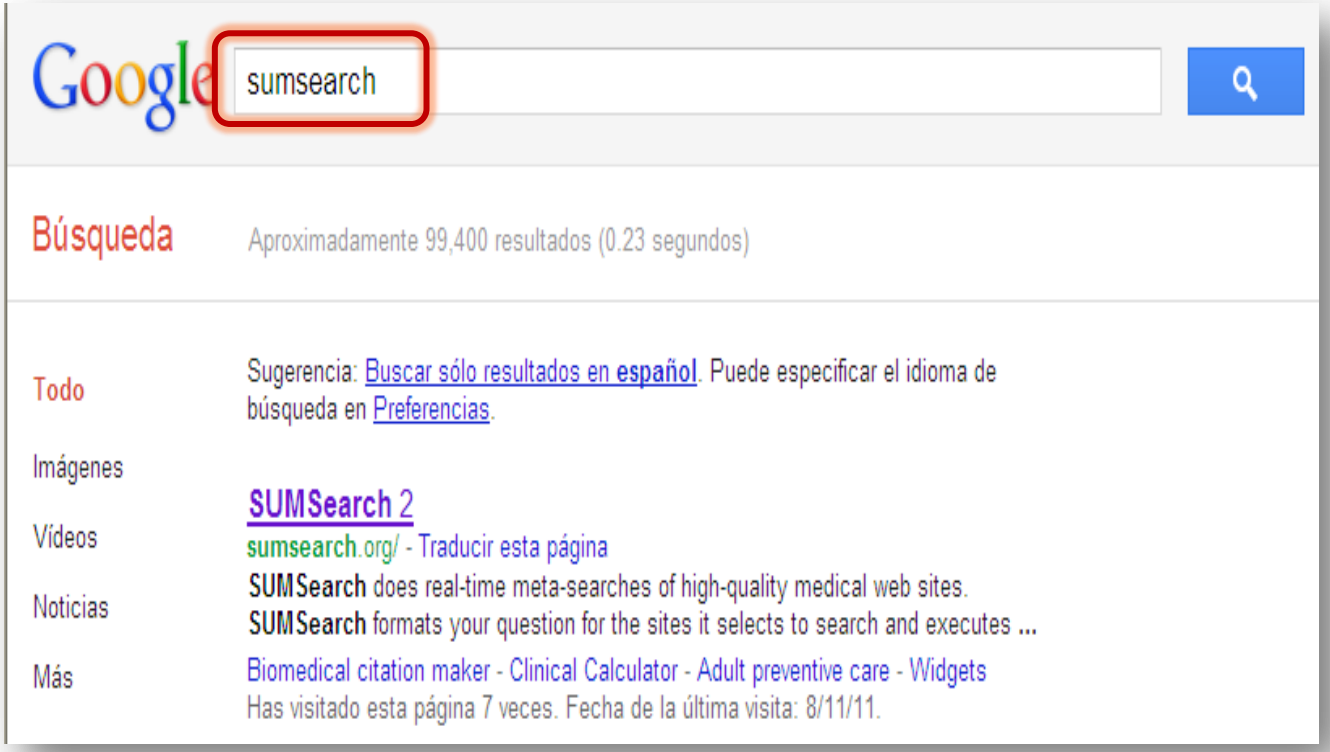
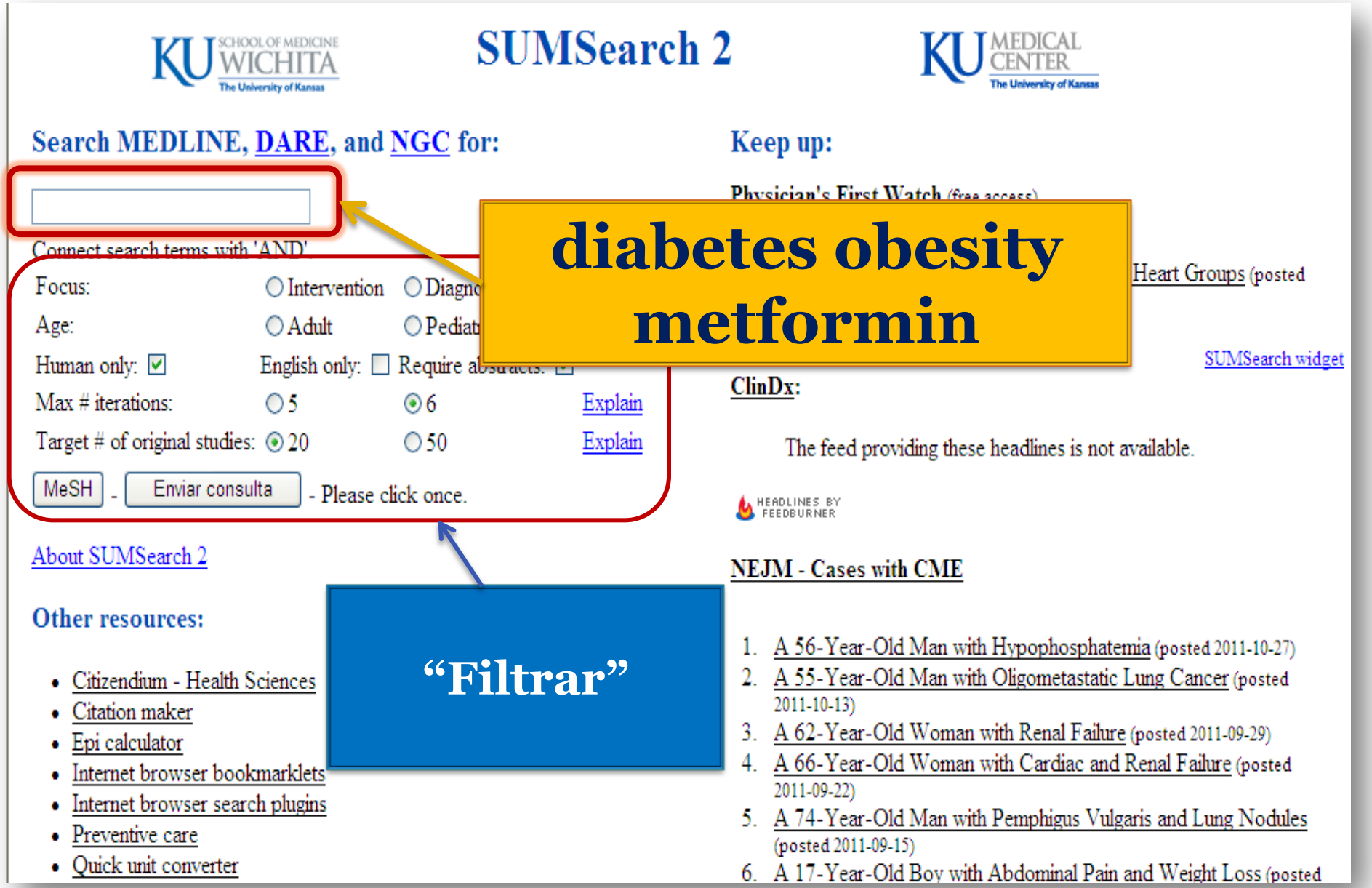


¿Cómo buscar?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Search MEDLINE, DARE, and NGC for:
Connect search terms with 'AND'
Focus:
Intervention
Age:
Adult
Human only:
English only:
Max # iterations:
5
6
Explain
Target # of original studies:
20
50
Explain
MeSH
Enviar consulta
- Please click once.
About SUMSearch 2
Other resources:
Citizendium - Health Sciences
Citation maker
Epi calculator
Internet browser bookmarklets
Internet browser search plugins
Preventive care
Quick unit converter
Keep up:
Heart Groups (posted
SUMSearch widget
ClinDx:
The feed providing these headlines is not available.
HEADLINES BY FEEDBURNER
NEJM - Cases with CME
1. A 56-Year-Old Man with Hypophosphatemia (posted 2011-10-27)
2. A 55-Year-Old Man with Oligometastatic Lung Cancer (posted 2011-10-13)
3. A 62-Year-Old Woman with Renal Failure (posted 2011-09-29)
4. A 66-Year-Old Woman with Cardiac and Renal Failure (posted 2011-09-22)
5. A 74-Year-Old Man with Pemphigus Vulgaris and Lung Nodules (posted 2011-09-15)
6. A 17-Year-Old Boy with Abdominal Pain and Weight Loss (posted
diabetes obesity metformin
"Filtrar"

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SUMSearch 2

KU MEDICAL CENTER The University of Kansas

Original studies | Systematic reviews | Guidelines

60 possible original studies PubMed found after 4 searches. The first 50 citations are:

1. **Effectiveness of primary care-relevant treatments for obesity in adults: a systematic evidence review for the U.S. preventive services task force.**
Ann Intern Med 2011;155:7. PMID: 21969342 , doi: 10.1059/0003-4819-155-7-201110040-00006. Cite

Conclusion: Behaviorally based treatments are safe and effective for weight loss and maintenance.
Primary Funding Source: Agency for Healthcare Research and Quality.

2. **Current perspectives of insulin resistance and polycystic ovary syndrome.**
Diabet Med 2011;:. PMID: 21950959 , doi: 10.1111/j.1464-5491.2011.03460.x. Cite

Conclusion: Insulin resistance is linked to polycystic ovary syndrome. Further study of lifestyle and pharmacologic interventions that reduce insulin resistance, such as metformin, are needed to demonstrate that they are effective in reducing the risk of diabetes, endometrial abnormalities and cardiovascular disease events in women with polycystic ovary syndrome.

3. **Metformin should be considered in the treatment of gestational diabetes: a prospective randomised study.**
BJOG 2011;118:7. PMID: 21083860 , doi: 10.1111/j.1471-0528.2010.02763.x. Cite

Conclusion: Metformin seems to be suitable for the prevention of fetal macrosomy, especially in lean or moderately overweight women developing GDM in late gestation. Women with considerable obesity, high fasting blood glucose and an early need for pharmacological treatment may be more suitable for insulin therapy.

Show evidence search details (access to earlier iterations If results displayed are too restrictive)

You found 50 or more articles.

Consider performing your search at Trip Database. Trip curates the articles it indexes so you may get a smaller number of more helpful documents.

Thursday, 10 Nov 2011 05:53:07 at SUMSearch

4. **Metformin extended release treatment of adolescent obesity: a 48-week randomized, double-blind, placebo-controlled trial with 48-week follow-up.**

Arch Pediatr Adolesc Med 2010;164:2 PMID: 20124139 doi: 10.1001/archpediatrics.2009.264 Cite

Conclusion: Metformin XR caused a small but statistically significant decrease in BMI when added to a lifestyle intervention program.


NCBI Resources How To

PubMed.gov

US National Library of Medicine National Institutes of Health

PubMed

Limits Advanced

Display Settings: Abstract Send to:

Arch Pediatr Adolesc Med. 2010 Feb;164(2):116-23.

Metformin extended release treatment of adolescent obesity: a 48-week randomized, double-blind, placebo-controlled trial with 48-week follow-up.

Wilson DM, Abrams SH, Aye T, Lee PD, Lenders C, Lustig RH, Osganian SV, Feldman HA; Glaser Pediatric Research Network Obesity Study Group.

Collaborators (33)

Division of Pediatric Endocrinology and Diabetes, Stanford University and the Lucile Packard Children's Hospital at Stanford, G-313 Medical Center, Stanford, CA 94305-5208, USA. dwilson@stanford.edu

Abstract

BACKGROUND: Metformin has been proffered as a therapy for adolescent obesity, although long-term controlled studies have not been reported.

OBJECTIVE: To test the hypothesis that 48 weeks of daily metformin hydrochloride extended release (XR) therapy will reduce body mass index (BMI) in obese adolescents, as compared with placebo.

DESIGN: Multicenter, randomized, double-blind, placebo-controlled clinical trial.

SETTING: The 6 centers of the Glaser Pediatric Research Network from October 2003 to August 2007.

PMID (PubMed Unique Identifier)


ARCHIVES OF PEDIATRICS & ADOLESCENT MEDICINE

Angel Plasencia | My A

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Vol. 164 No. 2, February 2010

Article

JOURNAL CLUB

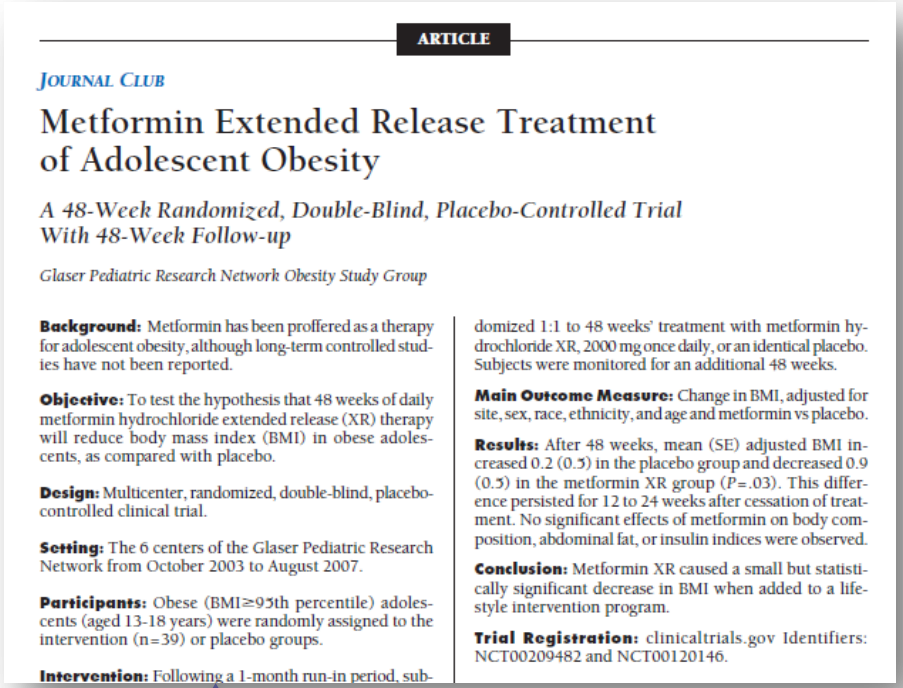
Metformin Extended Release Treatment of Adolescent Obesity

A 48-Week Randomized, Double-Blind, Placebo-Controlled Trial With 48-Week Follow-up

Glaser Pediatric Research Network Obesity Study Group

Arch Pediatr Adolesc Med. 2010;164(2):116-123.

DOI (Digital Object Identifier)


ARTICLE

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Metformin Extended Release Treatment of Adolescent Obesity

A 48-Week Randomized, Double-Blind, Placebo-Controlled Trial With 48-Week Follow-up

Glaser Pediatric Research Network Obesity Study Group

Background: Metformin has been proffered as a therapy for adolescent obesity, although long-term controlled studies have not been reported.

Objective: To test the hypothesis that 48 weeks of daily metformin hydrochloride extended release (XR) therapy will reduce body mass index (BMI) in obese adolescents, as compared with placebo.

Design: Multicenter, randomized, double-blind, placebo-controlled clinical trial.

Setting: The 6 centers of the Glaser Pediatric Research Network from October 2003 to August 2007.

Participants: Obese (BMI≥95th percentile) adolescents (aged 13-18 years) were randomly assigned to the intervention (n=39) or placebo groups.

Intervention: Following a 1-month run-in period, subjects were randomized 1:1 to 48 weeks' treatment with metformin hydrochloride XR, 2000 mg once daily, or an identical placebo. Subjects were monitored for an additional 48 weeks.

Main Outcome Measure: Change in BMI, adjusted for site, sex, race, ethnicity, and age and metformin vs placebo.

Results: After 48 weeks, mean (SE) adjusted BMI increased 0.2 (0.5) in the placebo group and decreased 0.9 (0.5) in the metformin XR group ($P=.03$). This difference persisted for 12 to 24 weeks after cessation of treatment. No significant effects of metformin on body composition, abdominal fat, or insulin indices were observed.

Conclusion: Metformin XR caused a small but statistically significant decrease in BMI when added to a lifestyle intervention program.

Trial Registration: clinicaltrials.gov Identifiers: NCT00209482 and NCT00120146.

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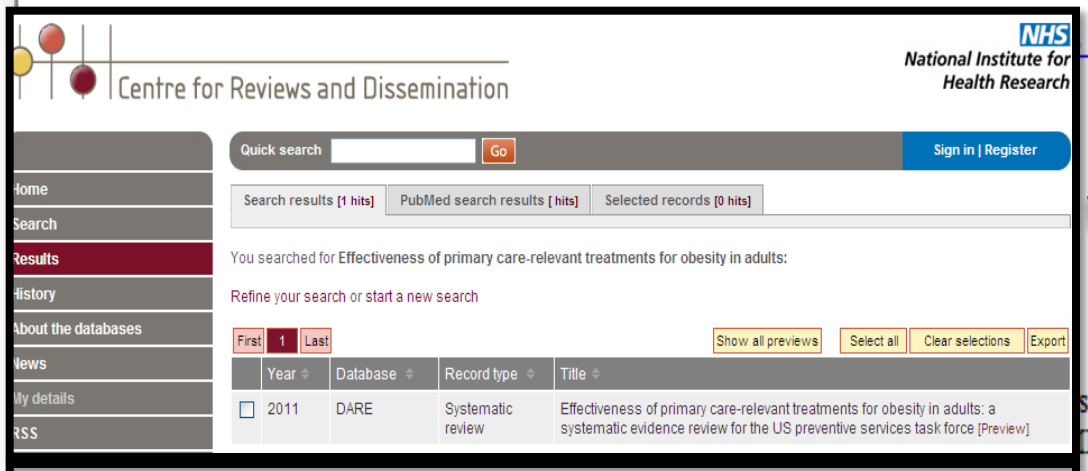
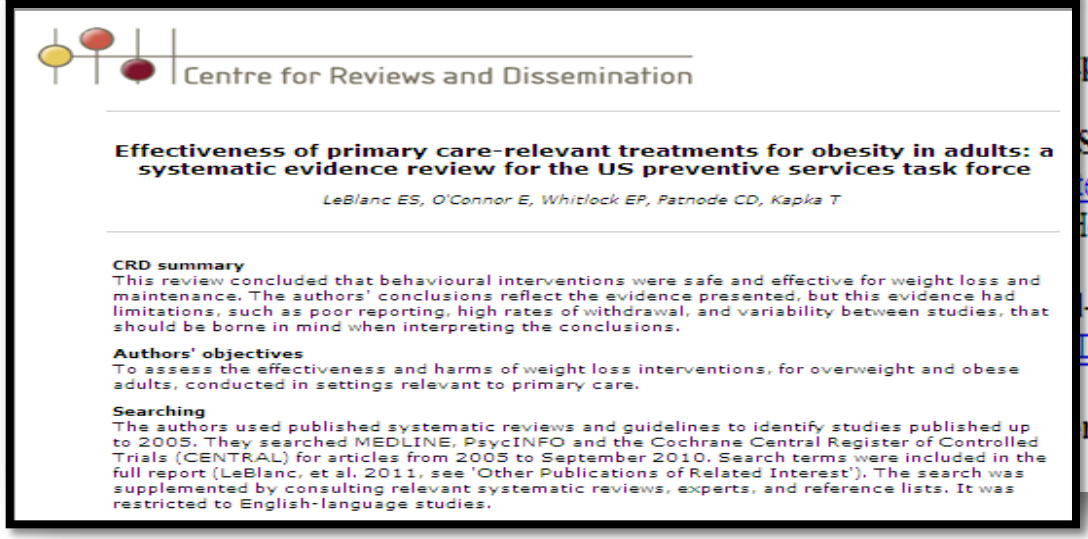
Original studies | **Systematic reviews** | Guidelines





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ID: 21969342 DARE

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Screening Committee.
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Horm Metab Res. 2010

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DARE summary if

ring? Curr Pharm Des.

The systematic reviews are a list merged from PubMed (using the systematic reviews subset strategy) and Database of Abstracts of Reviews of Effects (DARE) in approximate order of date.
Duplicates may occur if a guideline is published both in PubMed and DARE.

Thursday, 10 Nov 2011 05:53:07 at SUMSearch

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Original studies Systematic reviews **Guidelines**

19 guidelines from NGC found.

1 possible guidelines found from PubMed (View at PubMed)

Merged list:

1. **American Association of Clinical Endocrinologists medical guidelines for clinical practice for developing a diabetes mellitus comprehensive care plan**
   American Association of Clinical Endocrinologists - Medical Specialty Society. 201. NGC: 008577
2. **Standards of medical care in diabetes. VII. Diabetes care in specific populations**

The guidelines are a list merged from PubMed (using the practice guideline publication type) and the National Guidelines Clearinghouse in approximate order of date.
Duplicates may occur if a guideline is published both in PubMed and NGC.

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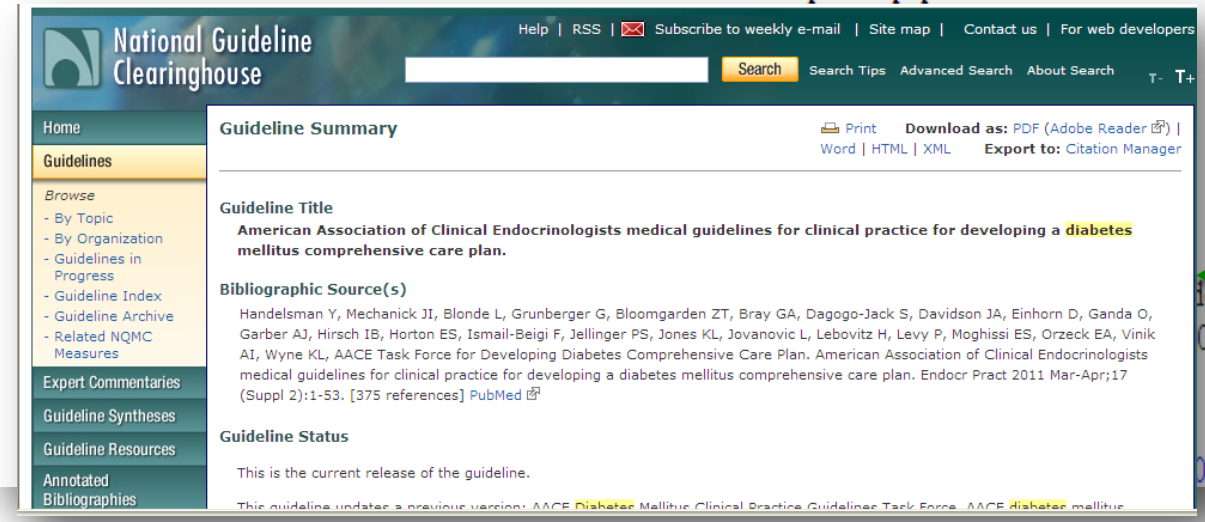


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- *26 millones de sitios .ac.uk*
- *43 millones de sitios .com*
- *40 millones de sitios . gov*
- *y más de 138 millones de otras organizaciones y sitios de universidades de todo el mundo*

http://www.scirus.com/

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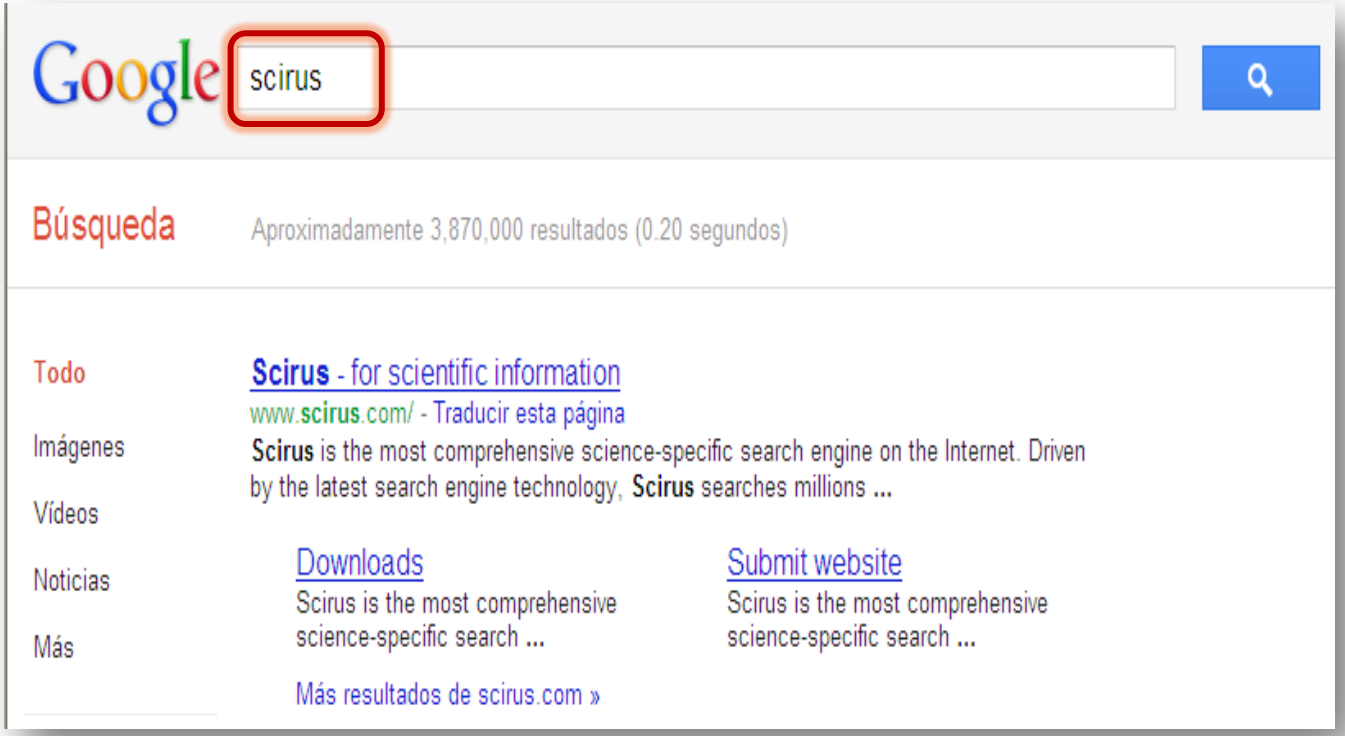

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Min Hae Park, MSC[1], Sanjay Kinra, MD, PHD[1], Kirsten J. Ward, PHD[2], Billy White, MBBS[2] and Russell M. Viner, MBBS, PHD[2]
Author Affiliations
Corresponding author: Russell M. Viner, r.viner@ich.ucl.ac.uk.
Abstract
OBJECTIVE To summarize the efficacy of metformin in reducing BMI and cardiometabolic risk in obese children and adolescents without diabetes.
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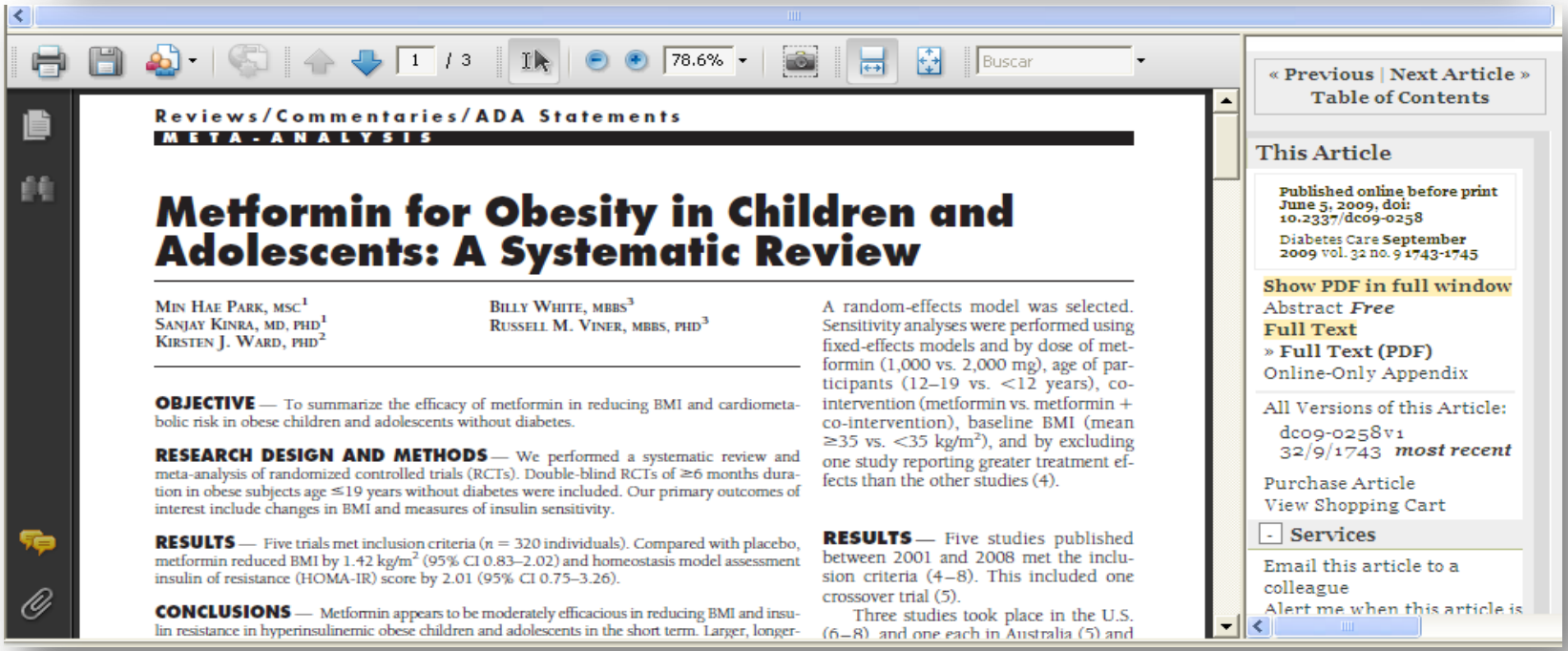
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Metformin for Obesity in Children and Adolescents: A Systematic Review
Min Hae Park, MSC[1]
Sanjay Kinra, MD, PHD[1]
Kirsten J. Ward, PHD[2]
Billy White, MBBS[3]
Russell M. Viner, MBBS, PHD[3]
OBJECTIVE — To summarize the efficacy of metformin in reducing BMI and cardiometabolic risk in obese children and adolescents without diabetes.
RESEARCH DESIGN AND METHODS — We performed a systematic review and meta-analysis of randomized controlled trials (RCTs). Double-blind RCTs of ≥6 months duration in obese subjects age ≤19 years without diabetes were included. Our primary outcomes of interest include changes in BMI and measures of insulin sensitivity.
RESULTS — Five trials met inclusion criteria (n = 320 individuals). Compared with placebo, metformin reduced BMI by 1.42 kg/m² (95% CI 0.83–2.02) and homeostasis model assessment insulin of resistance (HOMA-IR) score by 2.01 (95% CI 0.75–3.26).
CONCLUSIONS — Metformin appears to be moderately efficacious in reducing BMI and insulin resistance in hyperinsulinemic obese children and adolescents in the short term. Larger, longer-
A random-effects model was selected. Sensitivity analyses were performed using fixed-effects models and by dose of metformin (1,000 vs. 2,000 mg), age of participants (12–19 vs. <12 years), co-intervention (metformin vs. metformin + co-intervention), baseline BMI (mean ≥35 vs. <35 kg/m²), and by excluding one study reporting greater treatment effects than the other studies (4).
RESULTS — Five studies published between 2001 and 2008 met the inclusion criteria (4–8). This included one crossover trial (5).
Three studies took place in the U.S. (6–8), and one each in Australia (5) and
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Table of Contents
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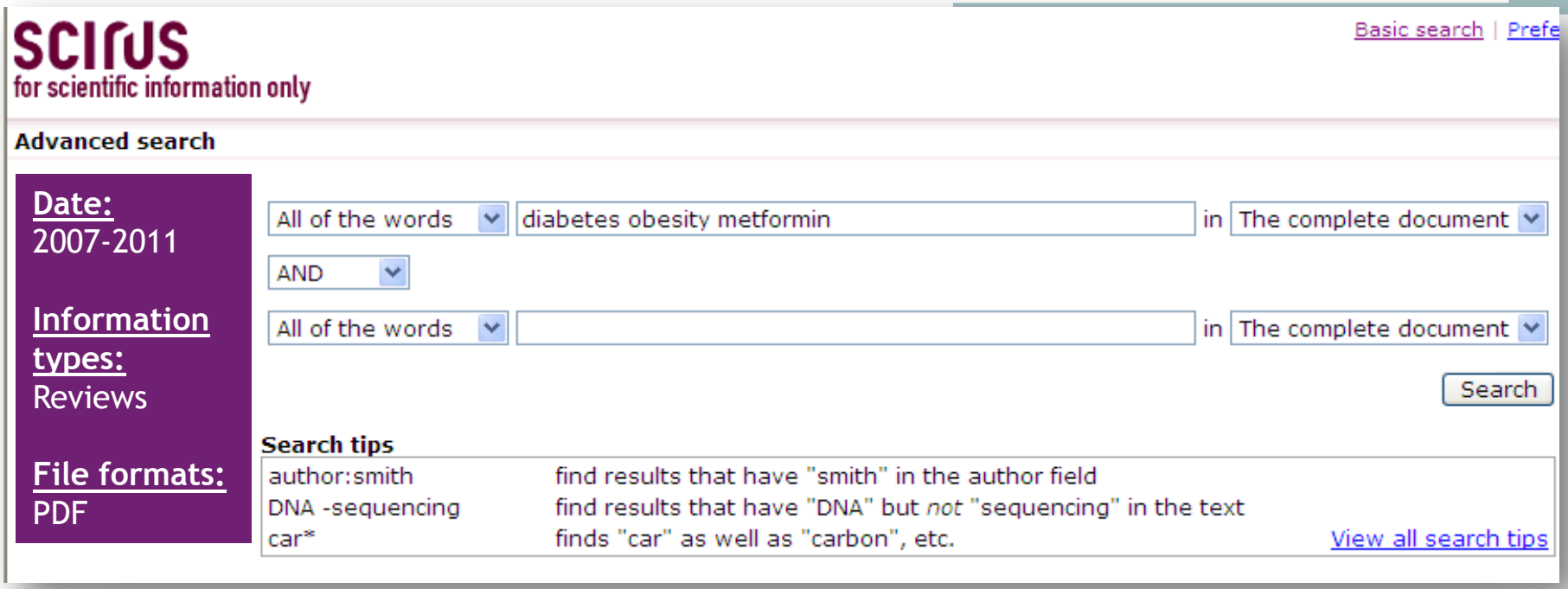
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...Obesity Insulin Metformin Breast cancer...Chemoprevention summary Obesity and insulin...proliferation. Metformin, a commonly used diabetes drug...effects of metformin in breast cancer. Type II diabetes (associated...cancers, obesity and diabetes have...
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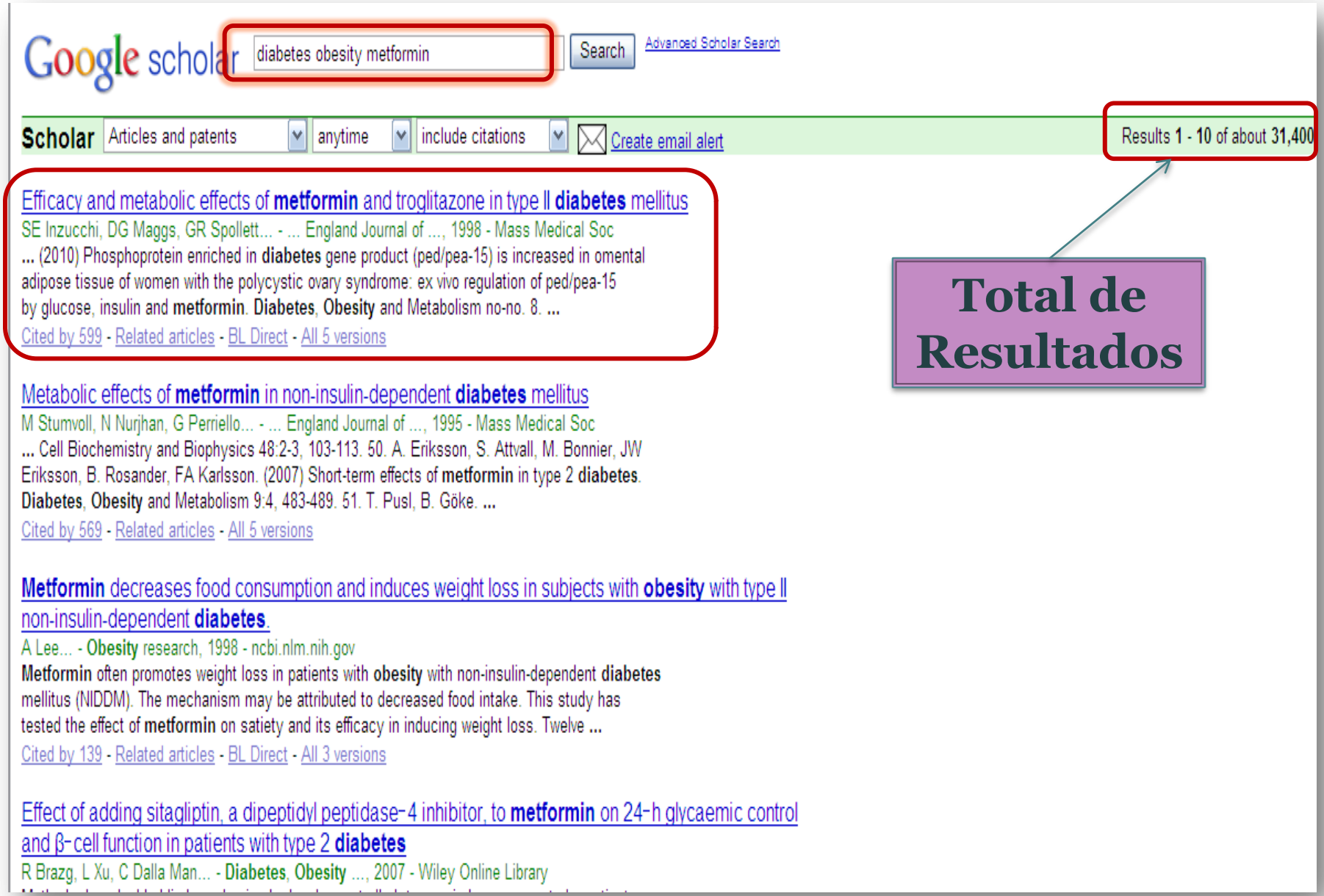
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... (2010) Phosphoprotein enriched in diabetes gene product (ped/pea-15) is increased in omental adipose tissue of women with the polycystic ovary syndrome: ex vivo regulation of ped/pea-15 by glucose, insulin and metformin. Diabetes, Obesity and Metabolism no-no. 8. ...
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A Lee... - Obesity research, 1998 - ncbi.nlm.nih.gov
Metformin often promotes weight loss in patients with obesity with non-insulin-dependent diabetes mellitus (NIDDM). The mechanism may be attributed to decreased food intake. This study has tested the effect of metformin on satiety and its efficacy in inducing weight loss. Twelve ...
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Silvio E. Inzucchi, M.D., David G. Maggs, M.D., C
Veronika Walton, B.A., and Gerald I. Shulman, M

N Engl J Med 1998; 338:867-873 | March 26, 19

Abstract | Article | References

BACKGROUND

Combination therapy is logical for pa
(type II) diabetes mellitus, because t
single-drug therapy. We studied the
of metformin and troglitazone alone a
with type II diabetes.

Full Text of Background...

METHODS

EFFICACY AND METABOLIC EFFECTS OF METFORMIN AND TROGLITAZONE IN TYPE II DIABETES MELLITUS

SILVIO E. INZUCCHI, M.D., DAVID G. MAGGS, M.D., GERALYN R. SPOLLETT, A.P.R.N., STEPHANIE L. PAGE, R.N., FRANCES S. RIFE, R.N., VERONIKA WALTON, B.A., AND GERALD I. SHULMAN, M.D., PH.D.

ABSTRACT

Background Combination therapy is logical for patients with non-insulin-dependent (type II) diabetes mellitus, because they often have poor responses to single-drug therapy. We studied the efficacy and physiologic effects of metformin and troglitazone alone and in combination in patients with type II diabetes.

Methods We randomly assigned 29 patients to receive either metformin or troglitazone for three months, after which they were given both drugs for another three months. Plasma glucose concentrations during fasting and postprandially and glycosylated hemoglobin values were measured periodically during both treatments. Endogenous glucose production and peripheral glucose disposal were measured at base line and after three and six months.

HYPERGLYCEMIA in patients with non-insulin-dependent (type II) diabetes mellitus is caused by peripheral insulin resistance, which results in decreased insulin-mediated glucose disposal; increased endogenous glucose production, chiefly from the liver; and inadequate pancreatic insulin secretion.[1] Reversal of these defects, either individually or in concert, improves glycemic control. New drugs are now available that affect each of these defects separately, and an understanding of their mechanisms of action is important for their proper use, especially when they are administered in combination.

Until recently in the United States, the only oral drugs available for patients with type II diabetes were sulfonylureas. These increase insulin secretion.[2]

Effects of **metformin** on spontaneous and clomiphene-induced ovulation in the polycystic ovary syndrome

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JE Nestler, DJ Jakubowicz... - New England Journal ..., 1998 - Mass Medical Soc

... 34. A. Eriksson, S. Attvall, M. Bonnier, JW Eriksson, B. Rosander, FA Karlsson. (2007) Short-term effects of **metformin** in type 2 **diabetes**. **Diabetes**, **Obesity** and Metabolism 9:4, 483-489. 35. A. Eriksson, S. Attvall, M. Bonnier, JW Eriksson, B. Rosander, FA Karlsson. ...

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EFFECTS OF METFORMIN ON SPONTANEOUS AND CLOMIPHENE-INDUCED OVULATION IN THE POLYCYSTIC OVARY SYNDROME

JOHN E. NESTLER, M.D., DANIELA J. JAKUBOWICZ, M.D., WILLIAM S. EVANS, M.D., AND RENATO PASQUALI, M.D.

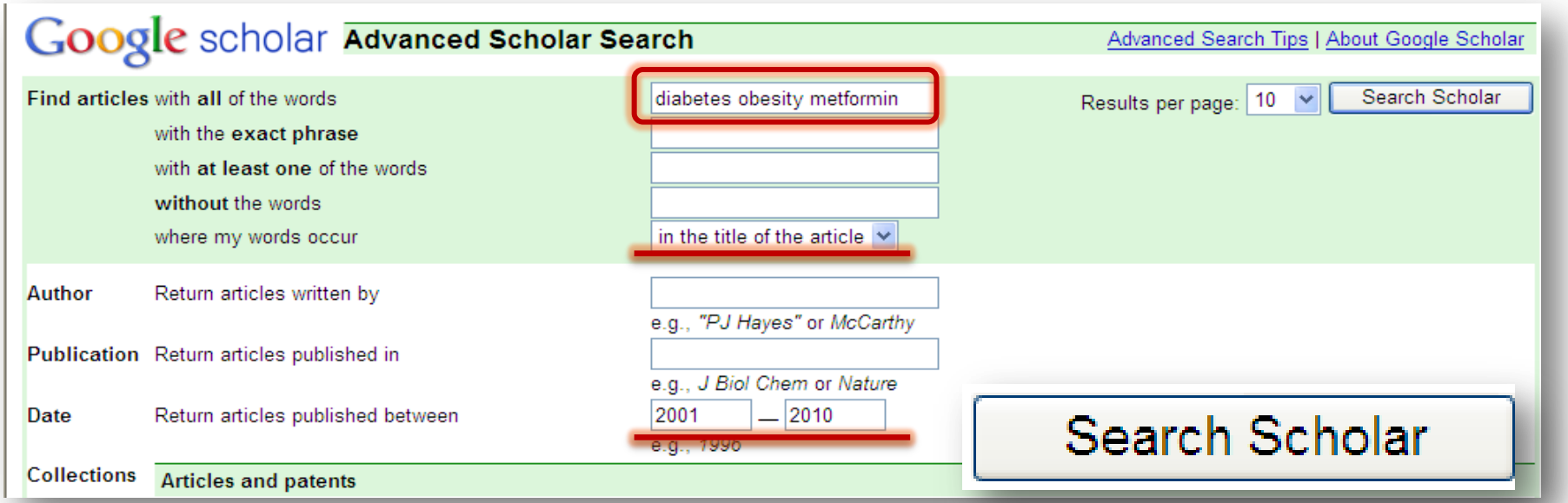
ABSTRACT

Background Obese women with the polycystic ovary syndrome are relatively unresponsive to the induction of ovulation by clomiphene. We hypothesized that reducing insulin secretion by administering metformin would increase the ovulatory response to clomiphene.

Methods We performed oral glucose-tolerance tests before and after the administration of 500 mg of metformin or placebo three times daily for 35 days in 61 obese women with the polycystic ovary syndrome. Women who did not ovulate spontaneously were then given 50 mg of clomiphene daily for five days while continuing to take metformin or placebo. Serum progesterone was measured on days

drome[2-5] and appears to have a pathophysiologic role in the hyperandrogenism of the disorder. Ovarian androgen production and serum free testosterone concentrations decrease in women with polycystic ovary syndrome when insulin secretion is reduced by drugs such as diazoxide,[6] metformin,[7-10] and troglitazone.[11,12] However, whether such therapy improves ovulatory function is not known.

Clomiphene citrate, an antiestrogenic drug, is the primary therapy used for ovulation induction in women with the polycystic ovary syndrome.[13-15] However, obese women with the syndrome often require multiple courses and high doses of clomiphene, and there is a positive correlation between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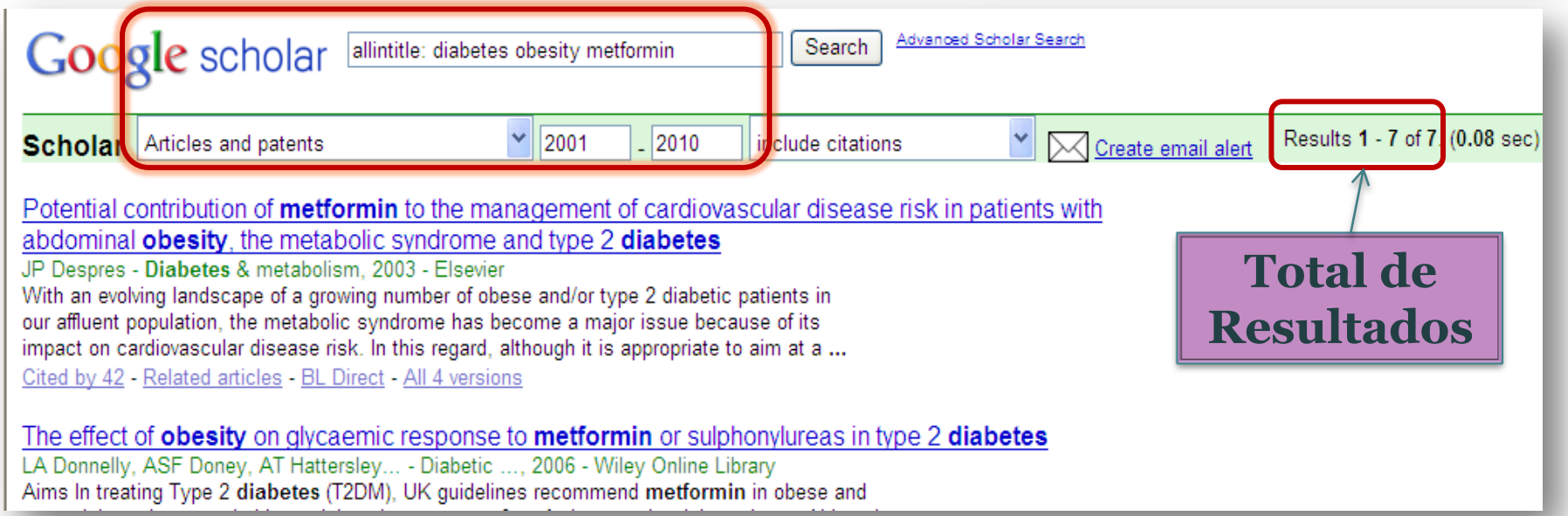
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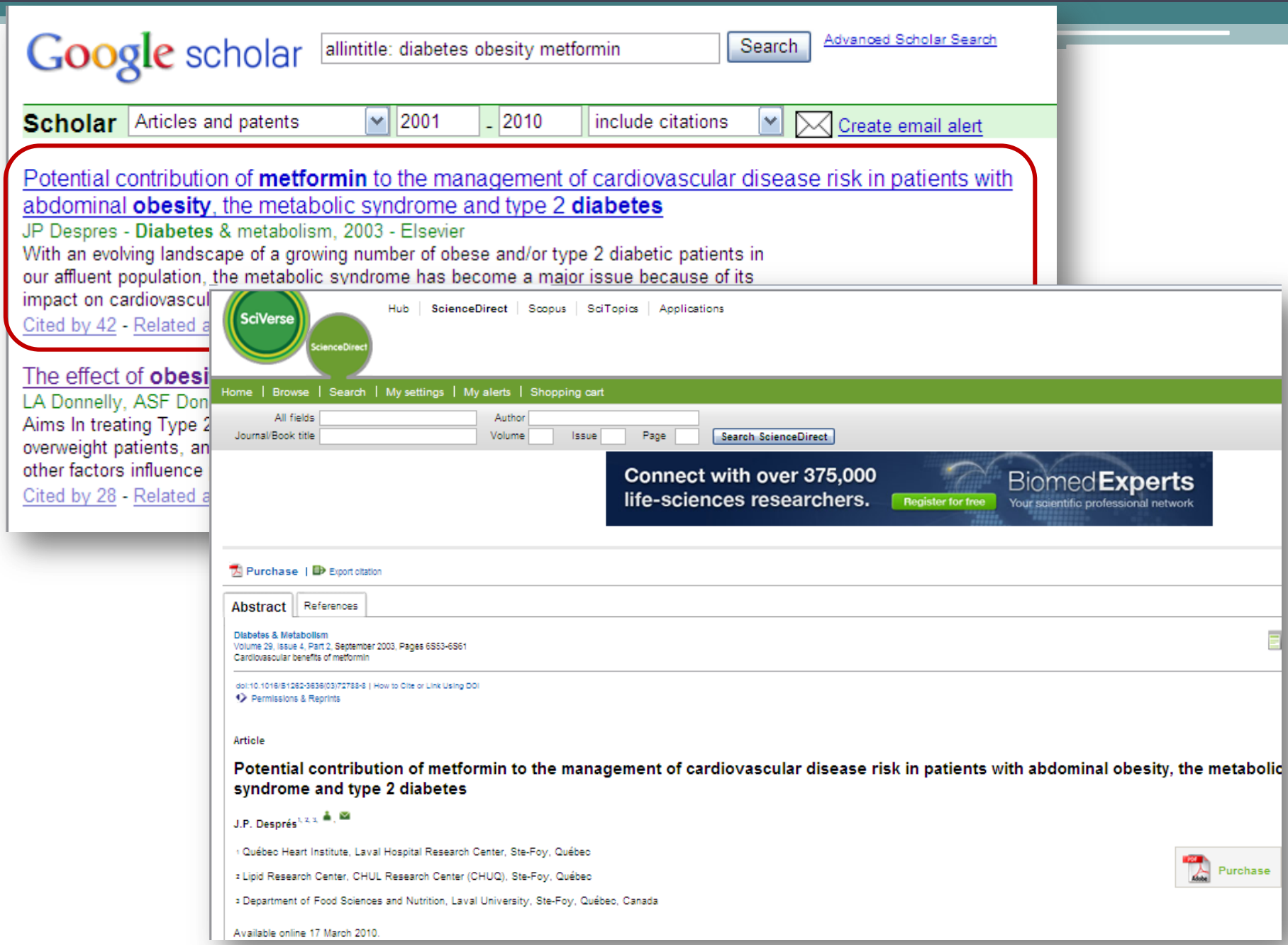
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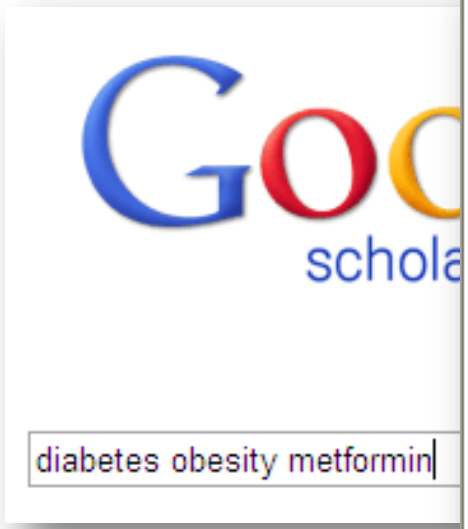

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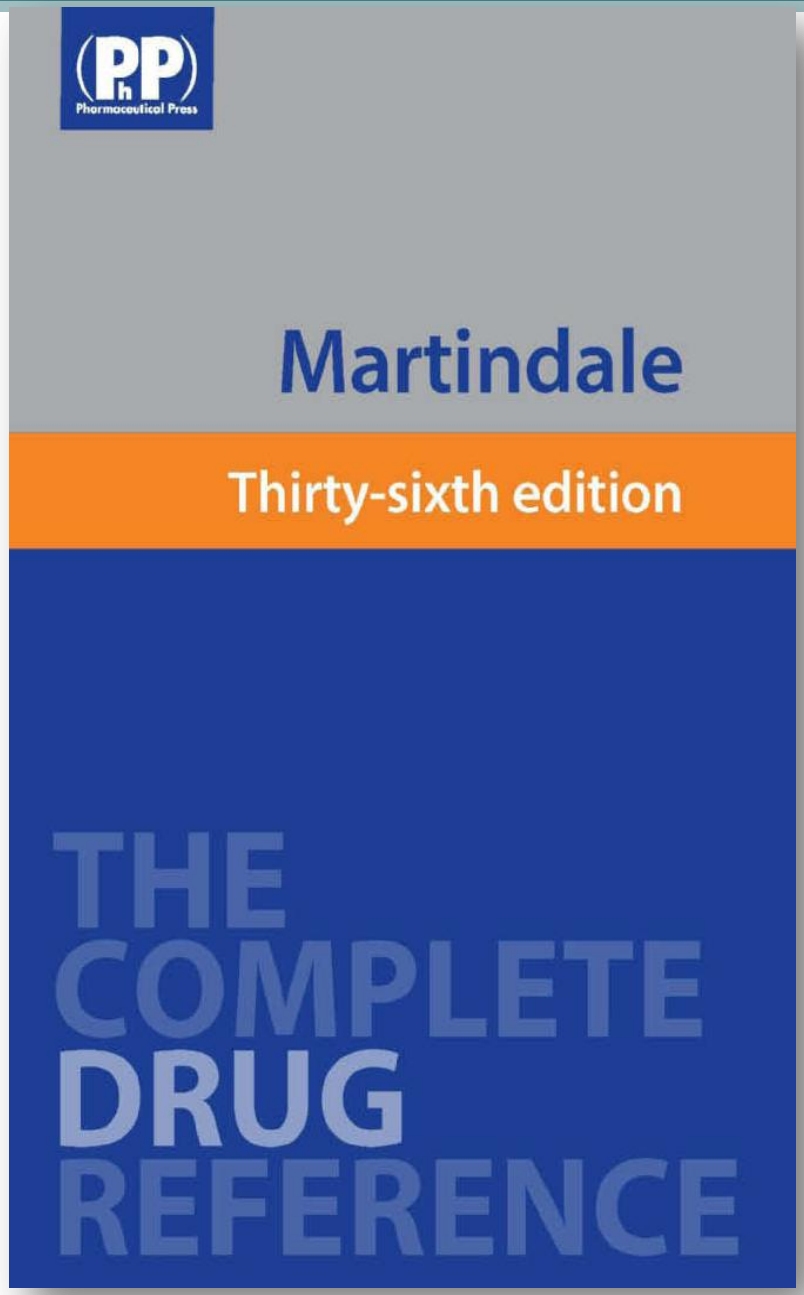

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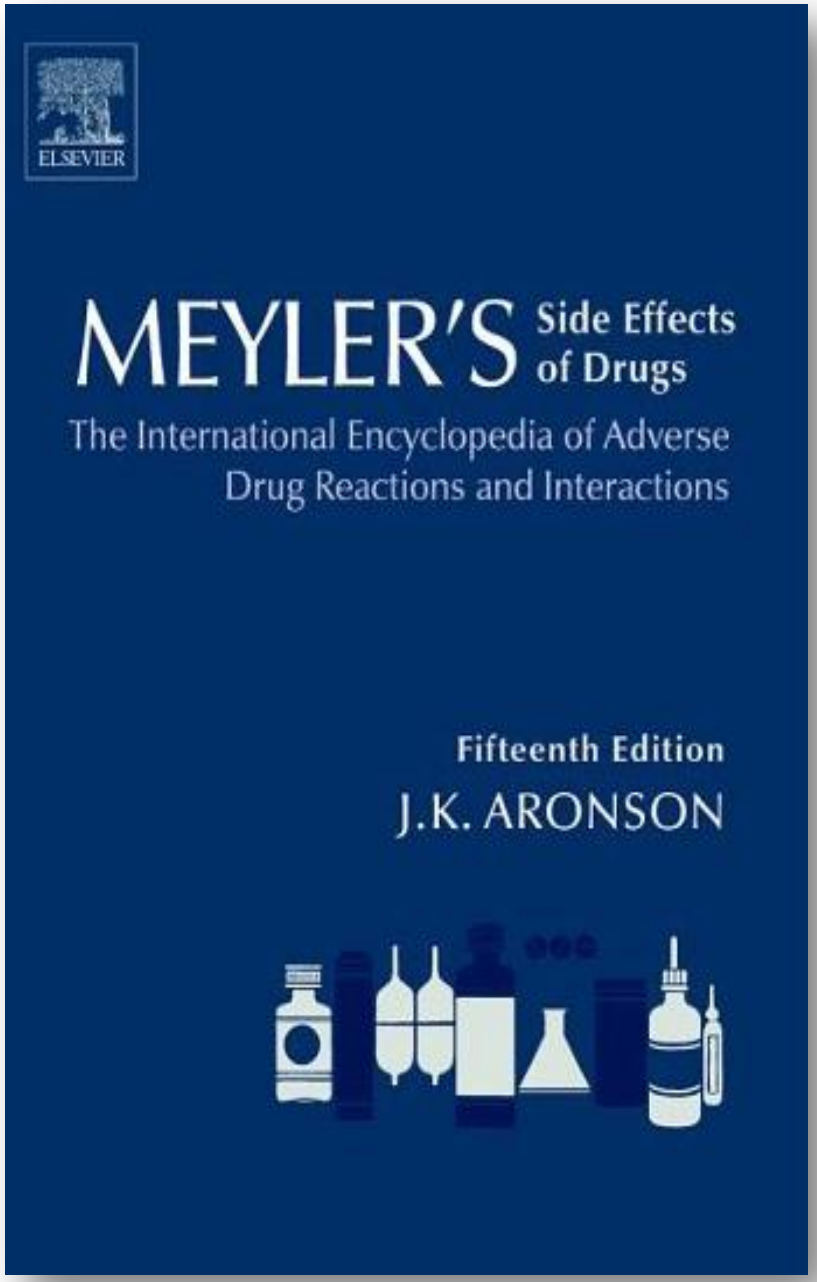

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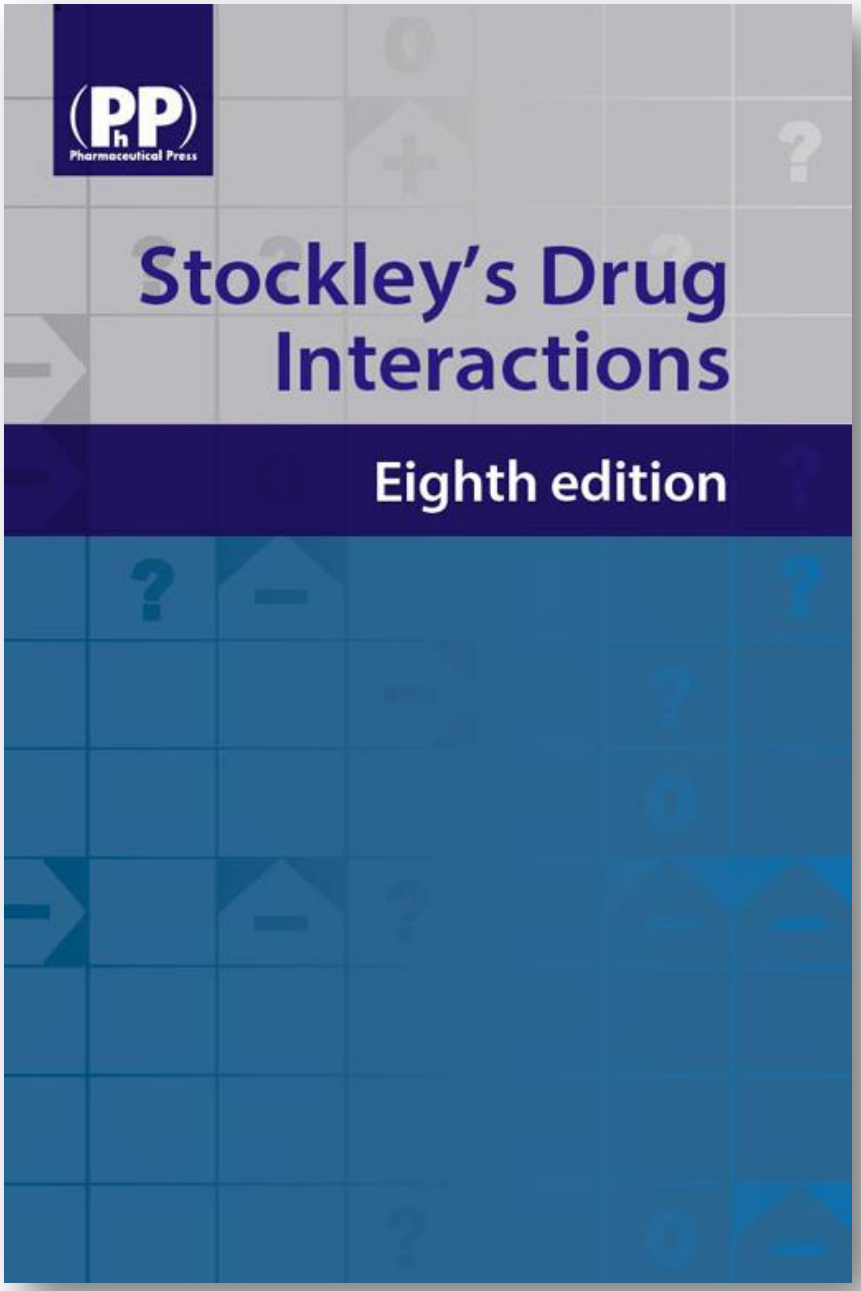

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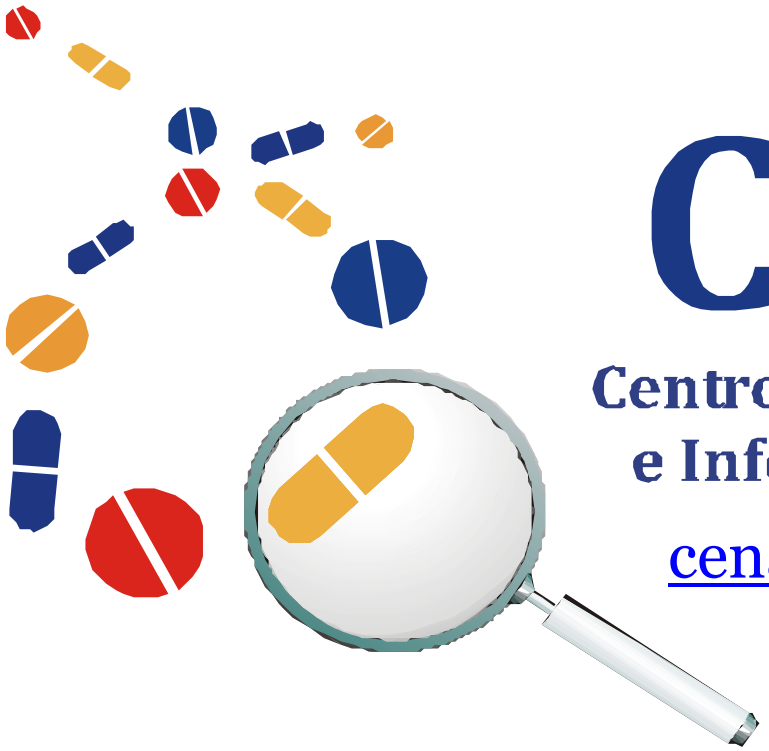

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