

účinky, které souvisí s poklesem inzulínové rezistence. Pioglitazon navíc působí příznivě na vývoj nealkoholové jaterní steatózy/fibrózy, oddaluje přechod prediabetu do diabetu a zřejmě i pozitivně ovlivňuje diabetické onemocnění ledvin (3). Objevují se také informace, které ukazují na jeho možnou roli v prevenci zhoršení kognitivních funkcí diabetiků (38, 39). Vhodným kandidátem pro léčbu pioglitazonem je nemocný, u něhož převládá podíl inzulínové rezistence na rozvoji hyperglykemie, a který má patrně také další projevy metabolického syndromu. Důležitým faktorem úspěšnosti léčby je jeho včasné podání (co nejdříve po metforminu).

Nežádoucí účinky pioglitazonu jsou předvídatelné a lze je minimalizovat respektováním kontraindikací. Některým z nich se můžeme vyhnout pozvolnou titrací, optimálním dávkováním pioglitazonu a mo-

nitorováním pacientů. Váhový přírůstek a retenci tekutin lze příznivě ovlivnit simultánní léčbou některými dalšími antidiabetiky (metforminem, glifloziny, agonisty GLP-1 receptorů, jež navíc mohou přinést další pokles KV rizika), případně přidáním diuretika. V neposlední řadě je nutné zvážit i ekonomickou stránku léčby, která se nyní díky dostupnosti několika generických preparátů jeví, ve srovnání s novějšími antidiabetiky, jako poměrně výhodná. Do určité míry to koresponduje i s limitací preskripčního omezení pro předpis pioglitazonu z prostředků veřejného zdravotního pojištění, na rozdíl od některých ekonomicky náročnějších antidiabetik je možné léčbu zahájit i při $HbA_{1c} < 60$ mmol/mol.

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