

IN BRIEF

➔ NASH

Pioglitazone safe and effective for treating T2DM in patients with NASH

The thiazolidinedione, pioglitazone, is safe and effective for the long-term treatment of patients with prediabetes or type 2 diabetes mellitus (T2DM) who also have nonalcoholic steatohepatitis (NASH), according to new data. In this single-centre, randomized controlled trial, 101 patients with prediabetes or T2DM and NASH received either pioglitazone (45 mg per day) or placebo. Of patients who received the drug, 58% had improved nonalcoholic fatty liver disease scores and 51% had resolution of NASH. Fibrosis scores, hepatic triglyceride content and insulin sensitivity also improved compared with patients given placebo, with no differences in adverse effects seen. However, patients on pioglitazone gained 2.5 kg more weight than those on placebo.

ORIGINAL ARTICLE Cusi, K. *et al.* Long-term pioglitazone treatment for patients with nonalcoholic steatohepatitis and prediabetes or type 2 diabetes mellitus: a randomized, controlled trial. *Ann. Intern. Med.* <http://dx.doi.org/10.7326/M15-1774> (2016)

➔ ADRENAL FUNCTION

No difference between CT and AVS for determining treatment options in primary aldosteronism

Adrenal vein sampling (AVS) is recommended for diagnosing unilateral aldosterone-producing adenomas or bilateral adrenal hyperplasia, which can then inform treatment decisions; however, AVS is expensive and difficult to perform. Investigators in a randomized controlled trial have now compared the comparatively inexpensive adrenal CT scanning of primary aldosteronism with AVS. No difference was seen in the intensity of treatment required for blood pressure control or any clinical benefit at 1 year follow up between participants in the two arms of the trial. The investigators highlight that hospitals with only adrenal CT facilities can obtain results that are similar to those centres with AVS for directing treatment in patients with primary aldosteronism, which might be a more efficient use of health-care resources.

ORIGINAL ARTICLE Dekkers, T. *et al.* Adrenal vein sampling versus CT scan to determine treatment in primary aldosteronism: an outcome-based randomised diagnostic trial. *Lancet Diabetes Endocrinol.* [http://dx.doi.org/10.1016/S2213-8587\(16\)30100-0](http://dx.doi.org/10.1016/S2213-8587(16)30100-0) (2016)

➔ DIABETES

A metabolomic signature to predict the transition from GDM to T2DM

Up to 50% of patients with gestational diabetes mellitus (GDM) go on to develop type 2 diabetes mellitus (T2DM), so a predictive test for this transition would greatly aid patient management. In a new study published in *Diabetes*, investigators enrolled a prospective cohort of 1,035 women with GDM and monitored them for progression to T2DM for 2 years. Using plasma obtained during fasting, the team performed metabolomics assays and identified a panel of 21 metabolites that could predict the incidence of T2DM with a higher level of discrimination than fasting glucose levels measured by oral glucose tolerance test. The authors hope that such a metabolomics test can replace the frequent oral glucose tolerance tests used to screen women who have had GDM.

ORIGINAL ARTICLE Allalou, A. *et al.* A predictive metabolic signature for the transition from gestational diabetes to type 2 diabetes. *Diabetes* <http://dx.doi.org/10.2337/db15-1720> (2016)