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Rimonabant as an adjunct therapy in overweight/obese patients with type 2 diabetes: reply

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Thank you for forwarding the letter of the distinguished colleagues, Andre Scheen and Luc Van Gaal, and the opportunity to respond.

The potential of rimonabant, the first representative of a new class of drugs, the CB1-receptor blocker, to induce weight loss and beneficial metabolic effects in support of a healthier lifestyle are undoubtedly impressive (references 3 and 4 of the letter). Guidelines, however, are to be based on available evidence in the form of published, full papers at the time they are consented. In view of this pre-condition, we regret that the rimonabant data in patients with diabetes were published after the complex work of the guideline-producing process had been terminated. Moreover, some of these data are still available in the abstract format only (reference 5 of the letter).

When time comes to update the Joint ESC/ EASD Guidelines on Diabetes, Prediabetes and Cardiovascular Diseases, we certainly foresee the need to consider also the state of affair in terms of rimonabant. By that time, it would be rather helpful if the weight-reducing and metabolic effects in high-risk patients with type 2 diabetes could be shown to indeed translate into a reduction of major cardiovascular events or appropriate surrogate markers.