A total of 35,922 patients with type 2 diabetes (T2D) and chronic kidney disease (CKD) were identified in a large, United States medical insurance health claims database.

In a cross-sectional analysis, compared to patients starting other oral antihyperglycemic agents CKD patients starting sitagliptin as mono or dual therapy were older, had more physician visits, were more likely to have a history of heart failure or arrhythmia, and were more likely to use loop diuretics or beta-blockers.

These observations are similar to those previously observed in all patients <65 years of age for sitagliptin to be prescribed to older patients with more comorbidities and diabetes-related complications.

This analysis suggests the possibility of systematic bias in observational studies of patients with T2D and CKD initiating oral antihyperglycemic therapy, which can be minimized by addressing differences in baseline characteristics of these patients.

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