THE MILIEU OF AVAILABLE PHARMACOTHERAPIES AVAILABLE FOR THE TREATMENT OF TYPE 2 DIABETES MELLITUS (T2DM) HAS UNDERGONE A SEA CHANGE IN THE LAST TWO DECADES. ACCELERATED RESEARCH EFFORTS HAVE PROVIDED US WITH NEWER, MORE TARGETED CLASSES OF DRUGS AS WE GAIN A DEEPER UNDERSTANDING OF THE CONDITION AT A MOLECULAR LEVEL WITH THESE DRUGS. HOWEVER, THE CLASS OF DRUGS CALLED SULFONYLUREAS (SUs) HAS BEEN USED CONSISTENTLY FOR THE PAST SIX DECADES FOR T2DM TREATMENT.

The two oldest classes of antidiabetic drug are sulfonylureas and biguanides; both have been used for almost six decades, having stood the test of time. There are several generations of SU.

Glimepiride is a third-generation, modern SU that was introduced in 1995 globally and in 1999 in India. Since then, considerable evidence has been generated regarding its efficacy, safety, and utility in the management of T2DM. Glimepiride differs from other SUs in several respects. It is associated with a lower risk of hypoglycemia and less weight gain vs. other SUs. Glimepiride has multiple pleiotropic benefits and offers optimal glycemic control in a cost-effective manner.

This special supplement sheds light on the 20-year journey of glimepiride in India and why it has become the mainstay pharmacotherapy for the management of T2DM. We recommend that physicians adopt a patient-centred approach when prescribing SUs for the management of diabetes, after considering the clinical profile of the patient. It is comforting to note that even after 6–7 decades of use, SUs (especially modern SUs) continue to play an important role in the management of type 2 diabetes. I am confident that SUs are here to stay because of their efficacy, safety and because they are the most time-tested of all antidiabetic agents.