

Welcome to the International Association of Gerontology and Geriatrics European Region Congress 2019

23rd – 25th May 2019 in Gothenburg, Sweden



On behalf of the **International Association of Gerontology and Geriatrics – European Region** we welcome you to Gothenburg and the 9th IAGG-ER congress to present and share findings, ideas and innovations on multidisciplinary perspectives of ageing and the life-course.

The congress theme is **‘Towards Capability in Ageing – from cell to society’**. The theme emphasizes our ability to perform actions in order to reach valued goals within the macro, meso, and micro contexts.

The congress is the natural meeting place for researchers and professionals engaged in various scientific enquires and aging matters; whether in biological science, medical and health sciences, social sciences, in humanities or aging services. The main track of the congress includes sessions on multidisciplinary aspects of



The congress is arranged in collaboration with the local Centre for Ageing and Health (AgeCap) at the University of Gothenburg, the two Swedish national associations; Swedish Gerontological Society (SGS), Geriatric Medicine in Sweden (SGF), both also members of the Nordic Gerontological Federation (NGF).

We look forward to meeting you in **Gothenburg May 23-25, 2019**

On behalf of the local Organizing Committee and IAGG-ER

*Boo Johansson Congress president, Ingmar Skoog Secretary General
Marie Kivi Deputy Secretary General and Clemens Tesch-Römer IAGG-ER
president*



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Efficacy of Pancragen Tetrapeptide Therapy in Senior Patients with Diabetes Mellitus Type II

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One of the problems in treating senior patients with diabetes mellitus type 2 (DM) is the inadequate efficacy of oral sugar-lowering drugs. As shown by recent data Pancragen tetrapeptide leads to a significant sugar-lowering effect (SLE) in rats with alloxan DM model.

Purpose. To study the efficacy of tetrapeptide for older persons with poor compensated type 2 DM against the background of Glibenklamide (GK) therapy.

Subjects and methods. The diagnosis of DM was verified in accordance with the criteria of the International Experts' Committee at the American Diabetes Association (1997). Thirty patients with DM type 2, aged 60 to 74 years, with glycohemoglobin level (HbA1c) between 7.5 and 9 % on stable doses of GK prior to their inclusion participated in this study. After randomization, 16 patients were injected 10 µg of Pancragen intramuscularly, daily for 3 weeks as well as took orally 200µg of Pancragen and 10-20 mg of GK. Upon Pancragen withdrawal, the patients continued receiving the same GK dose for two weeks. In control group 14 patients received stable GK doses (10-20 mg) daily for 5 weeks. The blood plasma insulin (BPI), HbA1c and blood plasma glucose (BPG) at fasting and 2 hours after standard oral glucose tolerance test (OGTT) were used to assess the efficacy of treatment.

Results. The senior patients treated with Pancragen against stable GK doses showed the significant decrease of fasting BPG by 1.1 ± 0.4 mmol/l ($p < 0.05$) and by (1.2 ± 0.3) mmol/l ($p < 0.01$) two hours following the OGTT. Additional SLE was kept 2 weeks after Pancragen withdrawal in 60% of patients who continued receiving GK in previous doses. In patients receiving only GK, the BPG dropped by 0.3 ± 0.2 mmol/l at fasting and by 0.2 ± 0.2 mmol/l two hours following the OGTT. Pancragen produced an additional SLE in patients with high initial BPI level. No adverse events or undesirable changes in the laboratory data caused by Pancragen have been found.

Conclusion. Treatment with tetrapeptide Pancragen is a new approach of BPG control in senior patients with DM type 2.
