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## BACKGROUND

International Diabetes Federation estimates that in the next 20 years 642 million worldwide will have diabetes mellitus. Current T2DM drugs present several drawbacks that can affect the course of treatment. These disadvantages are mainly depicted in the low bioavailability and the immediate release of the drug, generating the need for an increase in frequency of dosing. In conjunction with the manifestation of adverse side effects, patient compliance to therapy is reduced.

## AIM

We present here two major applications of nanotechnology for the development of high efficiency innovative T2DM drugs. The **first** one aims to overcome the instability of incretin mimetics/ analogues (GLP-1 analogues) in the gastrointestinal tract, their poor absorption efficiency, and their rapid degradation by the DPP4 enzyme. The **second** one specializes in the encapsulation of drugs into nanoparticles.

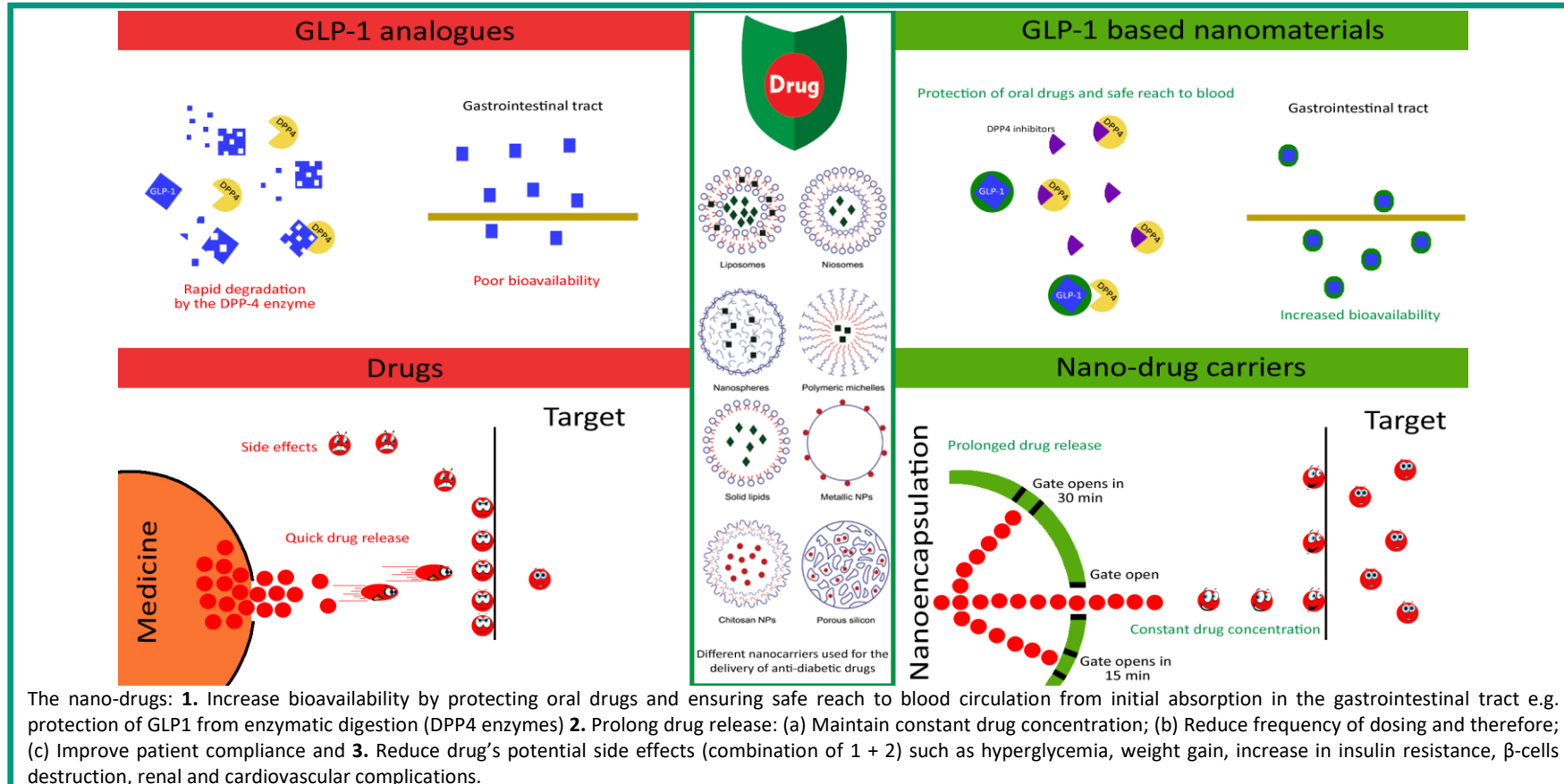
## METHODS

Pubmed, Google Scholar and Scopus databases were searched for nano-based T2DM drugs (excluding insulin) studies which were supported by *in vivo* mouse/rat models of glucose homeostasis.

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## RESULTS



## CONCLUSION

Nanotechnology touch in medicine/biotechnology looks promising. An optimal therapeutic profile of a nanodrug should aim to maintain glucose levels as close to normal as possible for an extended period. This task is extremely difficult in diabetes due to the clearance of the drug from circulation. It is anticipated that novel approaches, which will fully exploit the progress of nanotechnology in the fight against the increasing prevalence of T2DM, are around the corner.

## REFERENCES

1. Simos et al., Asian J Pharm Sci 2021, 16:62;
2. Ogurtsova et al., Diabetes Res Clin Pract 2017, 128:40;
3. Kaasalainen et al., Langmuir 2015, 31:1722;
4. Araujo et al., Nanoscale 2016, 8:10706;
5. Hasan et al., Drug Deliv 2013, 20:120;
6. Li et al., Pharm Res 2015, 32: 1017;
7. Dewan et al., J Drug Deliv 2015, 2015:496807

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