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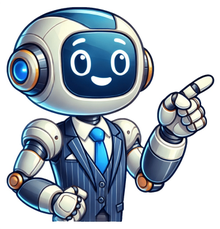

,the free encyclopedia that anyone can edit.111,866 active editors 7,011,071 articles in English1820 historical world mapHistory is the systematic study of the past with its main focus on the human past. Historians analyse and interpret primary and secondary sources to construct narratives about what happened and explain why it happened. They engage in source criticism to assess the authenticity, content, and reliability of these sources. It is controversial whether the resulting historical narratives can be truly objective and whether history is a social science rather than a discipline of the humanities. Influential schools of thought include positivism, the Annales school, Marxism, and postmodernism. Some branches of history focus on specific time periods, such as ancient history, particular geographic regions, such as the history of Africa, or distinct themes, such as political, social, and economic history. History emerged as a field of inquiry in antiquity to replace myth-infused narratives, with influential early traditions originating in Greece, China, and later in the Islamic world. (Fullarticle...)Recently featured: Ian CarmichaelRusset sparrowEmmy NoetherArchiveBy emailMore featured articlesAboutWelsh presbytery meeting, 1940... that the term "middle judicatory", which many denominations use for their mid-tier organizations, originated in Presbyterian courts (example pictured) for church discipline?... that texting someone a poop emoji in Japan is a way to wish them good luck?... that American football player Dominic Vairo went from being forced off the freshman team at Notre Dame to becoming captain of the varsity team?... that an anime programming block that originally aired on the American television channel TechTV was the inspiration for the co-founder of a Japanese animation studio?... that ratline organizer Ivo Omranin once beat a suspected informant with an umbrella?... that a leak from a natural-gas storage field led to the destruction of or damage to almost 30 buildings in Hutchinson, Kansas?... that Lorenzo Pace performed a candlelit flute concerto at the outset of his dissertation defense?... that Queen Afua inspired New York City mayor Eric Adams to become vegan?... that the Fuck Tree has been described as a "physical embodiment of desire"?ArchiveStart a new articleNominate an articlePhil HansonIn ice hockey, the Florida Panthers defeat the Edmonton Oilers to win the Stanley Cup Finals.In motorsport, Robert Kubica, Yifei Ye, and Phil Hanson (pictured) of AF Corse win the 24 Hours of Le Mans.In the US state of Minnesota, state representative Melissa Hortman is assassinated and state senator John Hoffman is injured.Former president of Nicaragua and first elected female president in the Americas Violeta Chamorro dies at the age of 95.Ongoing: Gaza warRussian invasion of UkrainetimelineSudanese civil wartimelineRecent deaths: Alfred BrendelAli ShamkhaniHamilton WanasingheAfa Ah LooGeoff PalmerStella ChenNominate an articleJune 19: Juneteenth in the United States (1865)Lou Gehrig baseball card1785 The proprietors of King's Chapel, Boston, voted to adopt James Freeman's Book of Common Prayer, thus establishing the first Unitarian church in the Americas.1838 The Maryland province of the Jesuits contracted to sell 272 slaves to buyers in Louisiana in one of the largest slave sales in American history.1939 American baseball player Lou Gehrig (pictured) was diagnosed with amyotrophic lateral sclerosis, now commonly known in the United States as "Lou Gehrig's disease".2009 War in Afghanistan: British forces began Operation Panther's Claw, in which more than 350 troops made an aerial assault on Taliban positions in southern Afghanistan.tienne Geoffroy Saint-Hilaire (d.1844)Sarah Rosetta Wakeman (d.1864)Aage Bohr (b.1922)Clayton Kirkpatrick (d.2004)More anniversaries: June 18June 19June 20ArchiveBy emailList of days of the yearAboutDred Scott (c.1799 1858) was an enslaved African American who, along with his wife, Harriet Robinson Scott, unsuccessfully sued for the freedom of themselves and their two daughters, Eliza and Lizzie, in the 1857 legal case Dred Scott v. Sandford. The Scotts claimed that they should be granted freedom because Dred had lived for four years in Illinois and the Wisconsin Territory, where slavery was illegal, and laws in those jurisdictions said that slave holders gave up their rights to slaves if they stayed for an extended period. The Supreme Court of the United States ruled against Scott in a landmark decision that held the Constitution did not extend American citizenship to people of black African descent, and therefore they could not enjoy the rights and privileges that the Constitution conferred upon American citizens. The Dred Scott decision is widely considered the worst in the Supreme Court's history, being widely denounced for its overt racism, judicial activism, poor legal reasoning, and crucial role in the events that led to the American Civil War four years later. The ruling was later superseded by the passage of the Thirteenth Amendment to the United States Constitution, which abolished slavery, in 1865, followed by the Fourteenth Amendment, whose first section guaranteed birthright citizenship for "all persons born or naturalized in the United States and subject to the jurisdiction thereof", in 1868. This posthumous oil-on-canvas portrait of Scott was painted by Louis Schultze, after an 1857 photograph by John H. Fitzgibbon, and now hangs in the Missouri History Museum in St.Louis.Painting credit: Louis Schultze, after John H. FitzgibbonRecently featured: Garni TempleIgor StravinskySabella pavoninaArchiveMore featured picturesCommunity portal The central hub for editors, with resources, links, tasks, and announcements.Village pump Forum for discussions about Wikipedia itself, including policies and technical issues.Site news Sources of news about Wikipedia and the broader Wikimedia movement.Teahouse Ask basic questions about using or editing Wikipedia.Help desk Ask questions about using or editing Wikipedia.Reference desk Ask research questions about encyclopedic topics.Content portals A unique way to navigate the encyclopedia.Wikipedia is written by volunteer editors and hosted by the Wikimedia Foundation, a non-profit organization that also hosts a range of other volunteer projects: CommonsFree media repository MediaWikiWiki software development Meta-WikiWikimedia project coordination WikibooksFree textbooks and manuals WikidataFree knowledge base WikinewsFree-content news WikiquoteCollection of quotations WikisourceFree-content library WikispeciesDirectory of species WikiversityFree learning tools WikivoyageFree travel guide WiktionaryDictionary and thesaurusThis Wikipedia is written in English. Many other Wikipedias are available; some of the largest are listed below. 1,000,000+ articles DeutschEspaolFranaisItalianoNederlandsPolskiPortugusSvenskaTing Vit 250,000+ articles Bahasa IndonesiaBahasa MelayuBn-lm-gCataletinaDanskEestiEsperantoEuskaraMagyarNorsk bokmlRomnSimple EnglishSloveninaSrpskiSrpskohrvatskiSuomiTrkeOzbekcha 50,000+ articles AsturianuAzrbaycancaBosanskiFryskGaeilgeGalegoHrvatskiKurdLatvieuLietuviNorsk nynorskShqipSlovenina Retrieved from " 2This article is about the year 1865. For other uses, see 1865 (disambiguation).Calendar yearYearsMillennium2ndmillenniumCenturies18thcentury19thcentury 20thcenturyDecades1840s1850s1860s 1870s1880sYears1862186318641865 186618671868vte1865 by topicHumanitiesAnimationArchaeologyArchitectureArtLiteraturePoetryMusicBy countryAustraliaBelgiumBrazilCanadaChinaDenmarkFranceGermanyNew ZealandNorwayPortugalRussiaSouth AfricaSwedenUnited KingdomUnited StatesOther topicsRail transportScienceSportsLists of leadersSovereign statesSovereign state leadersTerritorial governorsReligious leadersLawBirth and death categoriesBirthsDeathsEstablishments and disestablishments categoriesEstablishmentsDisestablishmentsWorks categoryWorksvte1865 in various calendarsGregorian calendar1865MDCCCLXVAb urbe condita2618Armenian calendar1314 Assyrian calendar6615Bah calendar2122Balinese saka calendar17861787Bengali calendar12711272Berber calendar2815British Regnal year28Vict.129Vict.1Buddhist calendar2409Burmese calendar1227Byzantine calendar73737374Chinese calendar (WoodRat)4562 or 4355to (WoodOx)4563 or 4356Coptic calendar15811582Discordian calendar3031Ethiopian calendar18571858Hebrew calendar56255626Hindu calendars- Vikram Samvat19211922- Shaka Samvat17861787- Kali Yuga49654966Holocene calendar11865Igbo calendar865866Iranian calendar12431244Islamic calendar12811282Japanese calendarGenji 2 / Kei 1()Javanese calendar17931794Julian calendarGregorian minus 12 daysKorean calendar4198Minguo calendar47 before ROC47Nanakshahi calendar397Thai solar calendar24072408Tibetan calendar(male Wood-Rat)1991 or 1610 or 838to(female Wood-Ox)1992 or 1611 or 839Wikimedia Commons has media related to 1865.1865 (MDCCCLXV) was a common year starting on Sunday of the Gregorian calendarand a common year starting on Friday of the Julian calendar, the 1865th year of the Common Era (CE) and Anno Domini (AD) designations, the 865th year of the 2ndmillennium, the 65th year of the 19thcentury, and the 6th year of the 1860s decade. As of the start of 1865, the Gregorian calendar was 12 days ahead of the Julian calendar, which remained in localized use until 1923. Calendar year January 15: Union captures Fort Fisher.January 4 The New York Stock Exchange opens its first permanent headquarters at 10-12 Broad near Wall Street, in New York City.January 13 American Civil War: Second Battle of Fort Fisher Union forces launch a major amphibious assault against the last seaport held by the Confederates, Fort Fisher, North Carolina.January 15 American Civil War: Union forces capture Fort Fisher.January 31The Thirteenth Amendment to the United States Constitution (conditional prohibition of slavery and involuntary servitude) passes narrowly, in the House of Representatives.American Civil War: Confederate General Robert E. Lee becomes general-in-chief.February 3 American Civil War: Hampton Roads Conference: Union and Confederate leaders discuss peace terms.February 6 The municipal administration of Finland is established.[1]February 8 & March 8 Gregor Mendel reads his paper on Experiments on Plant Hybridization at two meetings of the Natural History Society of Brnn in Moravia, subsequently taken to be the origin of the theory of Mendelian inheritance.[2]February 21 John Deere receives a United States patent for ploughs.February 22 Tennessee adopts a new constitution that abolishes slavery.February American Civil War: Columbia, South Carolina burns, as Confederate forces flee from advancing Union forces.March 3 The U.S. Congress authorizes formation of the Bureau of Refugees, Freedmen and Abandoned Lands.March 4 Washington College and Jefferson College are merged to form Washington & Jefferson College in the United States.[3]March 13 American Civil War: The Confederate States of America agrees to the use of African American troops.March 18 American Civil War: The Congress of the Confederate States of America adjourns for the last time.March 1921 American Civil War: Battle of Bentonville: Union troops compel Confederate forces to retreat from Four Oaks, North Carolina.March 25The Claywater Meteorite explodes just before reaching ground level in Vernon County, Wisconsin; fragments having a combined mass of 1.5kg (3.3lb) are recovered.American Civil War: In Virginia, Confederate forces capture Fort Stedman from the Union, although it is retaken the same day. Lee's army suffers heavy casualties: about 2,900, including 1,000 captured in the Union counterattack. Confederate positions are weakened. After the battle, Lee's defeat is only a matter of time.March Hamm's Brewery opens in St. Paul, Minnesota.April 2: Jefferson Davis.April 9: Appomattox Court House.April 14: Lincoln shot.April 1 American Civil War Battle of Five Forks: In Petersburg, Virginia, Confederate General Robert E. Lee begins his final offensive.April 2 American Civil War: Confederate President Jefferson Davis and most of his Cabinet flee the Confederate capital of Richmond, Virginia, which is taken by Union troops the next day.April 6 German chemicals producer Badische Anilin- und Sodafabrik (BASF) is founded in Mannheim.April 9 American Civil War: Confederate States Army General Robert E. Lee surrenders to Union Army General Ulysses S. Grant at Appomattox Court House, effectively ending the war.April 14Assassination of Abraham Lincoln: President of the United States Abraham Lincoln is shot while attending an evening performance of the farce Our American Cousin at Ford's Theatre in Washington, D.C., by actor and Confederate sympathizer John Wilkes Booth.United States Secretary of State William H. Seward and his family are attacked in his home, by Lewis Powell.April 15 President Lincoln dies early this morning from his gunshot wound, aged 56. Vice President Andrew Johnson becomes the 17th President of the United States upon Lincoln's death and is sworn in later that morning.April 18 Confederate President Jefferson Davis and his entire cabinet arrive in Charlotte, North Carolina, with a contingent of 1,000 soldiers.April 21 German chemicals producer BASF moves its headquarters and factories from Mannheim, to the Hemshof District of Ludwigshafen.April 26American Civil War: Confederate General Joseph E. Johnston surrenders to Union Major General William Tecumseh Sherman, at Durham Station, North Carolina.Union cavalry corner John Wilkes Booth in a Virginia barn, and cavalryman Boston Corbett fatally shoots the assassin.April 27The steamboat Sultana, carrying 2,300 passengers, explodes and sinks in the Mississippi River, killing 1,800, mostly Union survivors of the Andersonville Prison.April 27: Steamboat Sultana sinks.Governor of New York Reuben Fenton signs a bill formally creating Cornell University.May 1 The Treaty of the Triple Alliance of Argentina, Brazil, and Uruguay against Paraguay is formally signed, following the outbreak of the Paraguayan War.May 4 American Civil War: Lieutenant General Richard Taylor, commanding all Confederate forces in Alabama, Mississippi, and eastern Louisiana, surrenders his forces to Union General Edward Canby at Citronelle, Alabama, effectively ending all Confederate resistance east of the Mississippi River.May 5 In the United States:In North Bend, Ohio (a suburb of Cincinnati), the first train robbery in the country takes place.Jefferson Davis meets with his Confederate Cabinet (14 officials) for the last time, in Washington, Georgia, and the Confederate Government is officially dissolved.May 10 American Civil War: Jefferson Davis is captured by the Union Army near Irwinville, Georgia.May 12 Electric equipment and mobile brand Nokia founded in Tampere, Finland.May 1213 American Civil War Battle of Palmito Ranch: In far south Texas, more than a month after Confederate General Lee's surrender, the last land battle of the civil war with casualties, ends with a Confederate victory.May 17The International Telegraph Union is founded.French missionary Father Armand David first observes Pre David's deer in Peking, China.[4]May 23 Grand Review of the Armies: Union Army troops parade down Pennsylvania Avenue (Washington, D.C.) to celebrate the end of the American Civil War.May 25 Mobile magazine explosion: 300 are killed in Mobile, Alabama, when an ordnance depot explodes.May 28 The Mimosa sets sail with emigrants from Wales for Patagonia.[5]May 29 American Civil War: President of the United States Andrew Johnson issues a proclamation of general amnesty for most citizens of the former Confederacy.June 2 American Civil War: Confederate forces west of the Mississippi River under General Edmund Kirby Smith surrender at Galveston, Texas, under terms negotiated on May 26, becoming the last to do so.June 10 Richard Wagner's opera Tristan und Isolde debuts at the Munich Court Theatre.June 11 Battle of the Riachuelo: The Brazilian Navy squadron defeats the Paraguayan Navy.July 2: Salvation ArmyJune 19 American Civil War: Union Major General Gordon Granger lands at Galveston, Texas, and informs the people of Texas of the Emancipation Proclamation (an event celebrated in modern times each year as Juneteenth).June 23 American Civil War: At Fort Towson in Oklahoma Territory, Confederate General Stand Watie, a Cherokee Indian, surrenders the last significant Rebel army.June 25 James Hudson Taylor founds the China Inland Mission at Brighton, England.June 26 Jumbo, a young male African elephant, arrives at London Zoo and becomes a popular attraction.JuneAugust English polymath Francis Galton first describes eugenics.[6]July 4 Lewis Carroll publishes his children's novel Alice's Adventures in Wonderland in England[7][8] (first trade editions in December).July 5The U.S. Secret Service is founded.The first speed limit is introduced in Britain: 2mph (3.2km/h) in town and 4mph (6.4km/h) in the country.July 7 Following Abraham Lincoln's assassination on April 14, the four conspirators condemned to death during the trial are hanged, including David Herold, George Atzerodt, Lewis Powell and Mary Surratt. Her son, John Surratt, escapes execution by fleeing to Canada, and ultimately to Egypt.July 14 First ascent of the Matterhorn: The summit of the Matterhorn in the Alps is reached for the first time, by a party of 7 led by the Englishman Edward Whymper; 4 die in a fall during the descent. July 14: Matterhorn climbed. July 30: Steamer Brother Jonathan sinks.July 21 Wild Bill Hickok Davis Tutt shootout: In the market square of Springfield, Missouri, Wild Bill Hickok shoots "Little Dave" Davis Tutt dead over a poker debt, in what is regarded as the first true western fast draw showdown.July 23 The SSGreat Eastern departs on a voyage to lay a transatlantic telegraph cable.[7]July 26 The New Zealand Parliament first meets in Wellington on a permanent basis, making it de facto the national capital.[9]July 27Welsh settlers arrive in Argentina at Chubut Valley.Businessman Asa Packer establishes Lehigh University in Bethlehem, Pennsylvania.July 30 The steamer Brother Jonathan sinks off the California coast, killing 225 passengers and crew.July 31 The first narrow gauge mainline railway in the world opens at Grandchester, Australia.July The Christian Mission, later renamed The Salvation Army, is founded in Whitechapel, London, by William and Catherine Booth.August 16 The Dominican Republic regains independence from Spain.August 25 The Shergotty meteorite Mars meteorite falls in Sherghati, Gaya, Bihar in India.September 19 Union Business College (now Peirce College) is founded in Philadelphia.September 26 Champ Ferguson becomes the first person (and one of only two) to be convicted of war crimes for actions taken during the American Civil War, found guilty by a U.S. Army tribunal on 23 charges, arising from the murder of 53 people. He is hanged on October 20, two days after the conviction of Henry Wirz for war crimes.[10]October 11 Morant Bay rebellion: Paul Bogle leads hundreds of black men and women in a march in Jamaica; the rebellion is brutally suppressed by the British governor Edward John Eyre with 400 executed.[8]October 25 Florida drafts its constitution in Tallahassee.October 26The Standard Oil Company opens.The paddlewheel steamer SSRepublic sinks off the Georgia coast, with a cargo of $400,000 in coins.November 6 American Civil War: The CSS Shenandoah, last remnant of the Confederate States of America and its military, surrenders in Liverpool after fleeing westward from the Pacific.November 10 Captain Henry Wirz, Confederate superintendent of Andersonville Prison (Camp Sumter) is hanged, becoming the second of two combatants, and only serving regular soldier, to be executed for war crimes committed during the American Civil War.November 11 Duar War between Britain and Bhutan ends with the Treaty of Sinchula, in which Bhutan cedes control of its southern passes to Britain in return for an annual subsidy.[7]November 17 Chincha Islands War: Action of 17 November 1865 A Spanish gunboat is captured by the Chilean tugboat Independencia off Tom, in the Bay of Concepcin, Chile.November 26 Chincha Islands War: Battle of Papudo The Spanish ship Covadonga is captured by the Chileans and the Peruvians, north of Valparaso, Chile.December 11 The United States Congress creates the United States House Committee on Appropriations and the Committee on Banking and Commerce, reducing the tasks of the House Committee on Ways and Means.December 17 Leopold II becomes King of the Belgians, following the death (on December 10) of his father, King Leopold I.December 18 Secretary of State William H. Seward declares the Thirteenth Amendment to the United States Constitution ratified by three-quarters of the states, including those in secession. As of December 6, slavery is legally outlawed in the last two slave states of Kentucky and Delaware, and the remaining 45,000 slaves are freed.December 21 The Kappa Alpha Order is founded at Washington College, Lexington, Virginia.December 24 Jonathan Shank and Barry Ownby form the Ku Klux Klan in the American South, to resist Reconstruction and intimidate carpetbaggers and scalawags, as well as to repress the freedpeople.Francis Galton.A forest fire near Silverton, Oregon, destroys about one million acres (4,000 km2) of timber.The National Temperance Society and Publishing House is founded by James Black in the U.S.Nottingham Forest Football Club, an association football based in West Bridgford, Nottingham, England, is founded.January 5 Julio Garavito Armero, Colombian astronomer (d. 1920)January 9 Leo Ditrichstein, Austrian-born stage actor, playwright (d. 1928)January 19 Valentin Serov, Russian portrait painter (d. 1911)January 20 Yvette Guilbert, French cabaret singer, actress (d. 1944)January 27 Nikolai Pokrovsky, Russian politician, last foreign minister of the Russian Empire (d. 1930)January 28Lala Lajpat Rai ("The Lion of Punjab"), a leader of the Indian independence movement (d. 1928)Kaarlo Juho Sthlberg, 1st President of Finland (d. 1952)[11]January 31 Henri Desgrange, French cycling enthusiast, founder of the Tour de France (d. 1940)February 4 Ernest Hanbury Hankin, English bacteriologist, naturalist (d. 1939)February 9 Beatrice Stella Tanner, later Mrs. Patrick Campbell, English theatre actress, producer (d. 1940)February 12Enrico Millo, Italian admiral and politician (d. 1930)[12]Kazimierz Tetmajer, Polish writer (d. 1940)February 17 Ernst Troeltsch, German theologian (d. 1923).February 19 Sven Hedin, Swedish scientist, explorer (d. 1952)February 21 John Haden Badley, English author, educator (d. 1967)February 28 Wilfred Grenfell, English medical missionary to Newfoundland and Labrador (d. 1940)Elma DanielssonMarch 1 Elma Danielsson, Swedish socialist, journalist (d. 1936)March 10 Tan Sitong, Chinese reformist leader (d. 1898)March 15 Sui Sin Far, English-born writer (d. 1914)March 19 William Morton Wheeler, American entomologist (d. 1937)March 30 Heinrich Rubens, German physicist (d. 1922)April Richard Rushall, British sea captain and businessman (d. 1953)April 1 Richard Adolf Zsigmondy, Austrian-born chemist, Nobel Prize laureate (d. 1929)April 2 Gyorche Petrov, Macedonian and Bulgarian revolutionary (d. 1921)April 6 Victory Bateman, American stage and screen actress (d. 1926)April 9Violet Nicolson, English poet (d. 1904)Erich Ludendorff, German general (d. 1937)Charles Proteus Steinmetz, German-American engineer, electrician (d. 1923)April 14 Alfred Hoare Powell, English Arts and Crafts architect, and designer and painter of pottery (d. 1960)April 16 Harry Chauvel, Australian Army general (d. 1945)[13]April 18 Lenidas Plaza, 16th President of Ecuador (d. 1932)April 26 Akseli Gallen-Kallela, Finnish artist (d. 1931)[14]April 28Vital Brazil, Brazilian physician, immunologist (d. 1950)Charles W. Woodworth, American entomologist (d. 1940)Pieter ZeemanKing George V of the United KingdomMay 2 Clyde Fitch, American dramatist (d. 1909)May 3 Martha M. Simpson, Australian educationalist ((d. 1948)May 23 Epitcio Pessoa, 11th President of Brazil (d. 1942)May 25John Mott, American YMCA leader, recipient of the Nobel Peace Prize (d. 1955)Pieter Zeeman, Dutch physicist, Nobel Prize laureate (d. 1943)May 26 Robert W. Chambers, American artist (d. 1933)June 2 George Lohmann, English cricketer (d. 1901)June 3 George V of the United Kingdom (d. 1936)June 9Albric Magnard, French composer (d. 1914)Carl Nielsen, Danish composer (d. 1931)June 13 W. B. Yeats, Irish writer, Nobel Prize laureate (d. 1939)June 19Alfred Hugenberg, German businessman, politician (d. 1951)May Whitty, British stage and screen actress (d. 1948)June 21 Otto Frank, German physiologist (d. 1944)June 26 Bernard Berenson, American art historian (d. 1959)June 29 Shigechiyo Izumi, Japanese supercentenarian (d. 1986)Philipp ScheidemannJulia MarloweJuly 1 Granville Ryrie, Australian Army general, politician, and diplomat (d. 1937)[15]July 13 Grard Encausse, French occultist (d. 1916)July 15 Alfred Harmsworth, 1st Viscount Northcliffe, Irish-born British publisher; founder of the Daily Mail and Daily Mirror (d.1922)July 23Max Heindel, Danish-born Christian occultist, astrologer, and mystic (d. 1919)Edward Terry Sanford, Associate Justice of the Supreme Court of the United States (d. 1930)July 26 Philipp Scheidemann, 11th Chancellor of Germany (d. 1939)August 2Irving Babbitt, American literary critic (d. 1933)John Radecki, Australian stained glass artist (d. 1955)August 10 Alexander Glazunov, Russian composer (d. 1936)August 15 Usui Mikao, Japanese founder of reiki (d. 1926)August 17 Julia Marlowe, English-born American stage actress (d. 1950)August 20 Bernard Tancred, South African cricketer (d. 1911)August 22 Templar Saxe, British actor and singer (d. 1935)August 24 King Ferdinand I of Romania (d. 1927)August 27 James Henry Breasted, American Egyptologist (d. 1935)September 4 Maria Karowska, Polish Roman Catholic religious professed and blessed (d. 1935)September 11 Rainis, Latvian poet, playwright (d. 1929)September 13 William Birdwood, 1st Baron Birdwood, British field marshal (d. 1951)September 26 Mary Russell, Duchess of Bedford, English aviator, ornithologist (d. 1937)Charles W. ClarkHovhannes AbelianWarren G. HardingJean SibeliusRudyard KiplingOctober 1 Paul Dukas, French composer (d. 1935)October 9 Arthur Hayes-Sadler, British admiral (d. 1952)October 10 Rafael Merry del Val, Spanish Roman Catholic Cardinal and Secretary of the Congregation of the Holy Office (d. 1930)October 12 Arthur Harden, English chemist, Nobel Prize laureate (d. 1940)October 15 Charles W. Clark, American baritone (d. 1925)October 16 Rudolph Lambart, 10th Earl of Cavan, British field marshal (d. 1946)October 17 James Rudolph Garfield, U.S. politician (d. 1950)October 22Charles James Briggs, British general (d. 1941)Raymond Hitchcock, American actor (d. 1929)October 23 Hovhannes Abelian, Armenian actor (d. 1936)October 26 Benjamin Guggenheim, American businessman (d. 1912)October 27 Tinsley Lindley, English footballer (d. 1940)November 2 Warren G. Harding, 29th President of the United States (d. 1923)November 11 Edwin Thanhouser, American actor, businessman, and film producer, founder of the Thanhouser Company (d. 1956)December 8Rdiger von der Goltz, German general (d. 1946)Jean Sibelius, Finnish composer (d. 1957)December 12 Edwyn Alexander-Sinclair, British admiral (d. 1945)December 16 Olavo Bilac, Brazilian poet (d. 1918)December 19 Minnie Maddern Fiske, American stage actress (d. 1932)December 20 Elsie de Wolfe, American socialite, interior decorator (d. 1950)December 23Anna Farquhar Bergengren, American author and editor (unknown year of death)James M. Canty, American educator, school administrator, and businessperson (d. 1964)[16]Albrecht, Duke of Wrttemberg, German field marshal (d. 1939)December 25Evangeline Booth, 4th General of The Salvation Army (d. 1950)Fay Templeton, American musical comedy star (d. 1939)December 28 Flix Vallotton, Swiss painter, printmaker (d. 1925)December 30 Rudyard Kipling, Indian-born English writer, Nobel Prize laureate (d. 1936)Ernest Hogan, African-American dancer, musician, and comedian (d. 1909)Habibullah Qurayshi, Bengali Islamic scholar and educationist (d. 1943)[17]Abraham LincolnJohn Wilkes BoothJanuary 14 Marie-Anne Libert, Belgian botanist (b. 1782)January 19 Pierre-Joseph Proudhon, French philosopher, anarchist (b. 1809)January 28 Felice Romani, Italian poet, librettist (b. 1788)February 6 Isabella Beeton, British cook, household management expert (b. 1836)[18]March 1 Anna Pavlovna of Russia, queen consort of the Netherlands (b. 1795)March 20 Yamanami Keisuke, Japanese samurai (b. 1833)March 30 Alexander Dukhnovich, Russian priest, writer and social activist (b. 1803April 1John Milton, Governor of Florida (b. 1807)Giuditta Pasta, Italian soprano (b. 1798)April 2 A. P. Hill, American Confederate general (b. 1825)April 13 Achille Valenciennes, French zoologist (b. 1794)April 15 Abraham Lincoln, 16th President of the United States (b. 1809)April 18 Lon Jean Marie Dufour, French medical doctor, naturalist (b. 1780)April 24 Nicholas Alexandrovich, Tsarevich of Russia (b. 1843)April 26 John Wilkes Booth, American actor, assassin of Abraham Lincoln (b. 1838)April 28 Sir Samuel Cunard, Canadian businessman, founder of the Cunard Line (b. 1787)May 5 Ben Hall, Australian bushranger (b. 1837)May 10 William Armstrong, American lawyer, civil servant, politician, and businessperson (b. 1782)[19] Paul BogleHenry John TempleLeopold I of Belgium July Dimitris Plapoutas, Greek military leader (b. 1786)July 6 Princess Sophie of Sweden, Grand Duchess of Baden (b. 1801)July 7 The Lincoln assassination conspirators (executed)Lewis Powell (b. 1844)David Herold (b. 1842)George Atzerodt (b. 1835)Mary Surratt (b. 1823)July 25 James Barry, British military surgeon (b. 1795)August 4 Percival Drayton, United States Navy officer (b. 1812)August 12 William Jackson Hooker, English botanist (b. 1785)August 13 Ignaz Semmelweis, Hungarian physician (b. 1818)August 16 Sir Frederick Stovin, British army general (b. 1783)August 27 Thomas Chandler Haliburton, Canadian author (b. 1796)August 29 Robert Remak, German embryologist, physiologist and neurologist (b. 1815)September 2 William Rowan Hamilton, Irish mathematician (b. 1805)September 10 Maria Silfvan, Finnish actor (b. 1802)September 25 Andrs de Santa Cruz, Peruvian military officer, seventh President of Peru and President of Bolivia (b. 1792)October 16 Andrs Bello, Venezuelan poet, lawmaker, teacher, philosopher and sociologist (b. 1781)October 18 Henry John Temple, 3rd Viscount Palmerston, Prime Minister of the United Kingdom (b. 1784)October 24 Paul Bogle, Jamaican activist, Baptist deacon and leader of the Morant Bay rebellion. (executed) (b. 1820)November 10 Henry Wirz, Swiss-born American Confederate military officer, prisoner-of-war camp commander (executed) (b. 1823)November 12 Elizabeth Gaskell, British novelist, biographer (b. 1810)November 28Jos Manuel Pareja, Spanish admiral (suicide) (b. 1813)William Machin Stairs, Canadian businessman, statesman (b. 1789)November 29 Isaac A. Van Amburgh, American animal trainer (b. 1811)December 6 Sebastin Iradier, Spanish composer (b. 1809)December 10 King Leopold I of Belgium (b. 1790)December 14 Johan Georg Forchhammer, Danish geologist (b. 1794)December 17 Luigi Ciacchi, Italian cardinal (b. 1788)^ "Kunnallinen itsehallinto 150 vuotta" [150 years of local self-government]. Nopolanews (in Finnish). February 6, 2015. Archived from the original on February 24, 2015. Retrieved February 6, 2024.^ Moore, Randy (May 2001). "The "Rediscovery" of Mendel's Work" (PDF). Bioscene. 27. Archived from the original (PDF) on February 2, 2017. 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OCLC55983178.Retrieved from " 3One hundred years, from 1701 to 1800For other uses, see 18th century (disambiguation).Millennia2ndmillenniumCenturies17thcentury18thcentury19thcenturyTimelines17thcentury18thcentury19thcenturyState leaders17thcentury18thcentury19thcenturyDecades1700s1710s1720s1730s1740s1750s1760s1770s1780s1790sCategories:Births Deaths Establishments DisestablishmentsvtePolitical boundaries at the beginning of year 1700Storming of the Bastille, 14 July 1789, an iconic event of the French Revolution.Development of the Watt steam engine in the late 18th century was an important element in the Industrial Revolution in Europe.The American Revolutionary War took place in the late 18th century. The 18th century lasted from 1 January 1701 (represented by the Roman numerals MDCCI) to 31 December 1800 (MDCCC). During the 18th century, elements of Enlightenment thinking culminated in the Atlantic Revolutions. Revolutions began to challenge the legitimacy of monarchical and aristocratic power structures. The Industrial Revolution began mid-century, leading to radical changes in human society and the environment. The European colonization of the Americas and other parts of the world intensified and associated mass migrations of people grew in size as part of the Age of Sail. During the century, slave trading expanded across the shores of the Atlantic Ocean, while declining in Russia[1] and China.[2]Western historians have occasionally defined the 18th century otherwise for the purposes of their work. For example, the "short" 18th century may be defined as 17151789, denoting the period of time between the death of Louis XIV of France and the start of the French Revolution, with an emphasis on directly interconnected events.[3][4] To historians who expand the century to include larger historical movements, the "long" 18th century[5] may run from the Glorious Revolution of 1688 to the Battle of Waterloo in 1815[6] or even later.[7] France was the sole world superpower from 1659, after it defeated Spain, until 1815, when it was defeated by Britain and its coalitions following the Napoleonic Wars.In Europe, philosophers ushered in the Age of Enlightenment. This period coincided with the French Revolution of 1789, and was later compromised by the excesses of the Reign of Terror. At first, many monarchies of Europe embraced Enlightenment ideals, but in the wake of the French Revolution they feared loss of power and formed broad coalitions to oppose the French Republic in the French Revolutionary Wars. Various conflicts throughout the century, including the War of the Spanish Succession and the Seven Years' War, saw Great Britain triumph over its rivals to become the preeminent power in Europe. However, Britain's attempts to exert its authority over the Thirteen Colonies became a catalyst for the American Revolution. The 18th century also marked the end of the PolishLithuanian Commonwealth as an independent state. Its semi-democratic government system was not robust enough to prevent partition by the neighboring states of Austria, Prussia, and Russia.In West Asia, Nader Shah led Persia in successful military campaigns. The Ottoman Empire experienced a period of peace, taking no part in European wars from 1740 to 1768. As a result, the empire was not exposed to Europe's military improvements during the Seven Years' War. The Ottoman military consequently lagged behind and suffered several defeats against Russia in the second half of the century.In South Asia, the death of Mughal emperor Aurangzeb was followed by the expansion of the Maratha Confederacy and an increasing level of European influence and control in the region. In 1739, Persian emperor Nader Shah invaded and plundered Delhi, the capital of the Mughal Empire. Later, his general Ahmad Shah Durrani scored another victory against the Marathas, the then dominant power in India, in the Third Battle of Panipat in 1761.[8] By the middle of the century, the British East India Company began to conquer eastern India,[9][8] and by the end of the century, the Anglo-Mysore Wars against Tipu Sultan and his father Hyder Ali, led to Company rule over the south.[10][11]In East Asia, the century was marked by theHigh Qing era, a period characterized by significant cultural and territorial expansion. This period also experienced relative peace and prosperity, allowing for societal growth, increasing literacy rates, flourishing trade, and consolidating imperial power across the vast Qing dynasty's territories. Conversely, the continual seclusion policy of the Tokugawa shogunate also brought a peaceful era called Pax Tokugawa and experienced a flourishment of the arts as well as scientific knowledge and advancements, which were introduced to Japan through the Dutch port of Nagasaki. In Southeast Asia, the KonbaungAyutthaya Wars and the Ty Sn Wars broke out while the Dutch East India Company established increasing levels of control over the Mataram Sultanate.In Africa, the Ethiopian Empire underwent the Zemene Mesafint, a period when the country was ruled by a class of regional noblemen and the emperor was merely a figurehead. The Atlantic slave trade also saw the continued involvement of states such as the Oyo Empire. In Oceania, the European colonization of Australia and New Zealand began during the late half of the century. In the Americas, the United States declared its independence from Great Britain. In 1776, Thomas Jefferson wrote the Declaration of Independence. In 1789, George Washington was inaugurated as the first president. Benjamin Franklin traveled to Europe where he was hailed as an inventor. Examples of his invent

weeks compared with placebo in T2DM subjects who were not controlled by diet alone. In this study, there was a reduction in fasting plasma glucose (FPG) by 46 mg/dL, post-prandial glucose (PPG) by 72 mg/dL, and HbA1c by 1.4% more than the placebo. In another randomized study comprising of patients with T2DM receiving either placebo or one of the three doses (1, 4, or 8 mg) of glimepiride during a 14-week study period, all glimepiride regimens significantly reduced FPG, PPG, and HbA1c values (P < 0.001) compared to placebo by the end of the study period. The 4- and 8-mg doses of glimepiride were more effective than the 1-mg dose; however, the 4-mg dose provided a nearly maximal antihyperglycemic effect. Attribute Details Trade Name Glimepiride Accord Availability Prescription only Generic Glimepiride Glimepiride Other Names Glimepirida, Glimpiride, Glimepiride, Glimepiridum Related Drugs Farxiga, metformin, Trulicity, Lantus, Victoza, Tresiba, Levemir Type Formula C24H34N4O5S Weight Average: 490.62 Monoisotopic: 490.224991385 Protein binding Plasma protein binding of glimepiride is greater than 99.5%. Groups Approved Therapeutic Class Sulfonylureas Manufacturer Available Country Netherlands Last Updated: January 7, 2025 at 1:49 am Glimepiride Accord is used for an adjunct to diet to lower the blood glucose in patients with non-insulin-dependent diabetes mellitus (type 2 diabetes) whose hyperglycemia cannot be controlled by diet, physical exercise and weight reduction.Glimepiride Accord is also used for use in combination with Insulin to lower blood glucose in patients whose hyperglycaemia can not be controlled by diet and exercise or in conjunction with an oral hypoglycaemic agent. Glimepiride Accord is also used to associated treatment for these conditions: Type 2 Diabetes Mellitus ATP-sensitive potassium channels on pancreatic beta cells that are gated by intracellular ATP and ADP. The hetero-octomeric complex of the channel is composed of four pore-forming Kir6.2 subunits and four regulatory sulfonylurea receptor (SUR) subunits. Alternative splicing allows the formation of channels composed of varying subunit isoforms expressed at different concentrations in different tissues. In pancreatic beta cells, ATP-sensitive potassium channels play a role as essential metabolic sensors and regulators that couple membrane excitability with glucose-stimulated insulin secretion (GSIS). When there is a decrease in the ATP:ADP ratio, the channels are activated and open, leading to K+ efflux from the cell, membrane hyperpolarization, and suppression of insulin secretion. In contrast, increased uptake of glucose into the cell leads to elevated intracellular ATP:ADP ratio, leading to the closure of channels and membrane depolarization. Depolarization leads to activation and opening of the voltage-dependent Ca2+ channels and consequently an influx of calcium ions into the cell. Elevated intracellular calcium levels causes the contraction of the filaments of actomyosin responsible for the exocytosis of insulin granules stored in vesicles. Glimepiride Accord blocks the ATP-sensitive potassium channel by binding non-specifically to the B sites of both sulfonylurea receptor-1 (SUR1) and sulfonylurea receptor-2A (SUR2A) subunits as well as the A site of SUR1 subunit of the channel to promote insulin secretion from the beta cell. In principle, the dosage of Glimepiride Accord is governed by the desired blood sugar level. The dosage of Glimepiride Accord must be the lowest which is sufficient to achieve the desired metabolic control.The initial and the maintenance doses are set based on the results of regular checking of glucose in blood and urine. Monitoring of glucose levels in blood and urine also serves to detect either primary or secondary failure of therapy.Initial dose and dose titration: Usual initial dose is 1 mg once daily. If necessary, the daily dose can be increased. Any increase can be based on regular blood sugar monitoring, and should be gradual, i.e., at intervals of one to two weeks and carried out step wise at follows: 1 mg-2 mg-3 mg-4 mg-6 mg.Dose range in patients with well controlled diabetes: Usual dose range in patients with well controlled diabetes is 1 to 4 mg daily.Distribution of doses: Timing and distribution of doses are decided by the physician, in consideration of the patient's current life style. Normally, a single daily dose is sufficient. This should be taken immediately before a substantial breakfast or - if none is taken - immediately before the first main meals. It is very important not to skip meals after taking the drug.Secondary dosage adjustment: As the control of diabetes improves, sensitivity to insulin increases; therefore, Glimepiride Accord requirement may fall as treatment proceeds. To avoid hypoglycaemia, timely dose reduction or cessation of Glimepiride Accord therapy must be considered.A dose adjustment must also be considered whenever the patient's weight or life style changes, or other factors arise which cause an increased susceptibility to hypo- or hyperglycaemia.Changeover from other oral antidiabetics to Glimepiride Accord: There is no exact dosage relationship between Glimepiride Accord and other oral blood sugar lowering agents. When substituting Glimepride for other such agents, the initial daily dose is 1 mg; this applies even in changeover from the maximum dose of other oral blood sugar lowering agents. Any dose increase should be in accordance with guideline given above in initial dose and dose titration.Consideration must be given to the potency and duration of action of the previous blood sugar lowering agent. It may be necessary to interrupt treatment to avoid additive effects which would increase the risk of hypoglycaemia. Diaryl tablet must be swallowed without chewing and with sufficient amount of liquid (approximately glass). Hypoglycaemia, temporary visual impairment, nausea, vomiting, diarrhoea, abdominal pain, urticaria & fall in blood pressure. Toxicity The oral LD50 value in rats is > 10000 mg/kg. The intraperitoneal LD50 value in rats is reported to be 3950 mg/kg . Although glimepiride is reported to have fewer risks of hypoglycemia compared to other sulfonylureas such as glyburide, overdosage of glimepiride may result in severe hypoglycemia with coma, seizure, or other neurological impairment may occur. This can be treated with glucagon or intravenous glucose. Continued observation and additional carbohydrate intake may be necessary since hypoglycemia may recur after apparent clinical recovery.In a study of rats given doses of up to 5000 parts per million (ppm) in complete feed for 30 months, there were no signs of carcinogenesis. Meanwhile, the administration of glimepiride at a dose much higher than the maximum human recommended dose for 24 months in mice resulted in an increase in benign pancreatic adenoma formation in a dose-related manner, which was thought to be the result of chronic pancreatic stimulation. Glimepiride Accord was non-mutagenic in in vitro and in vivo mutagenicity studies. In male and female rat studies, glimepiride was shown to have no effects on fertility. In the initial weeks of treatment, the risk of hypoglycaemia may be increased and necessitates careful monitoring. If such risk is present it may be necessary to adjust the dosage of Glimepiride Accord. Hypoglycaemia can almost always be promptly controlled by immediate intake of carbohydrates (glucose or sugar, e.g., sugar sweetened fruit juice or sugar sweetened tea) Interaction Potentiation of the blood-sugar-lowering effect may occur with Insulin and other oral anti-diabetics, ACE inhibitors, Allopurinol, anabolic steroids and male sex hormones, Chloramphenicol, coumarin derivatives, Fluoxetine, MAO inhibitors, Miconazole, Para-aminosalicyclic acid, Pentoxifylline (high dose parenteral), Phenylbutazone, Oxyphenbutazone, quinolones, salicylates, sulphonamides, tetracyclines, blockers.Weakening of the blood-sugar-lowering effect may occur with Acetazolamide, barbiturates, corticosteroids, Diazoxide, diuretics, Epinephrine and other sympathomimetic agents, laxative, oestrogens and progestogens, phenothiazines, Phenytoin, Rifampicin, and thyroid hormones.H2 -receptor antagonists, Clonidine and Reserpine may lead to either potentiation or weakening of the blood-sugar-lowering effect.Both acute and chronic alcohol intake may potentiate or weaken the blood-sugar-lowering action of Glimepiride Accord unpredictably. Avoid alcohol. Acute and chronic alcohol intake may unpredictably affect the glucose-lowering action of glimepiride.Take with food. The manufacturer recommends administration with the first meal of the day.[Moderate] GENERALLY AVOID: Alcohol may cause hypoglycemia or hyperglycemia in patients with diabetes.Hypoglycemia most frequently occurs during acute consumption of alcohol.Even modest amounts can lower blood sugar significantly, especially when the alcohol is ingested on an empty stomach or following exercise.The mechanism involves inhibition of both gluconeogenesis as well as the counter-regulatory response to hypoglycemia.Episodes of hypoglycemia may last for 8 to 12 hours after ethanol ingestion.By contrast, chronic alcohol abuse can cause impaired glucose tolerance and hyperglycemia.Moderate alcohol consumption generally does not affect blood glucose levels in patients with well controlled diabetes.A disulfiram-like reaction (e.g., flushing, headache, and nausea) to alcohol has been reported frequently with the use of chlorpropamide and very rarely with other sulfonylureas.MANAGEMENT: Patients with diabetes should avoid consuming alcohol if their blood glucose is not well controlled, or if they have hypertriglyceridemia, neuropathy, or pancreatitis.Patients with well controlled diabetes should limit their alcohol intake to one drink daily for women and two drinks daily for men (1 drink = 5 oz wine, 12 oz beer, or 1.5 oz distilled spirits) in conjunction with their normal meal plan.Alcohol should not be consumed on an empty stomach or following exercise. Moderate: aspirin, aspirin, sitagliptin, sitagliptin, empagliflozin, empagliflozin, metoprolol, metoprolol, metoprolol, metoprololUnknown: rosuvastatin, rosuvastatin, omega-3 polyunsaturated fatty acids, omega-3 polyunsaturated fatty acids, atorvastatin, atorvastatin, cyanocobalamin, cyanocobalamin, cholecalciferol, cholecalciferol Disease Interaction Major: cardiovascular risk, renal/liver diseaseModerate: hypoglycemia, G6PD deficiency, hyponatremia Volume of Distribution Following intravenous dosing in healthy subjects, the volume of distribution was 8.8 L (113 mL/kg). Glimepiride Accord is completely absorbed after oral administration within 1 hour of administration with a linear pharmacokinetics profile. Following administration of a single oral dose of glimepiride in healthy subjects and with multiple oral doses with type 2 diabetes, the peak plasma concentrations (Cmax) were reached after 2 to 3 hours post-dose. Accumulation does not occur after multiple doses. When glimepiride was given with meals, the time to reach Cmax was increased by 12% while the mean and AUC (area under the curve) were decreased by 8 to 9%, respectively. In a pharmacokinetic study of Japanese patients with T2DM, Cmax value in once-daily dose was higher than those in twice-daily doses. The absolute bioavailability of glimepiride is reported to be complete following oral administration. Half Life The elimination half-life of glimepiride is approximately 5 to 8 hours, which can increase up to 9 hours following multiple doses. Clearance A single-dose, crossover, dose-proportionality (1, 2, 4, and 8 mg) study in normal subjects and from a single- and multiple-dose, parallel, dose proportionality (4 and 8 mg) study in patients with type 2 diabetes (T2D) were performed. In these studies, the total body clearance was 52.1 +/- 16.0 mL/min, 48.5 +/- 29.3 mL/min in patients with T2D given a single oral dose, and 52.7 +/- 40.3 mL/min in patients with T2D given multiple oral doses. Following intravenous dosing in healthy subjects, the total body clearance was 47.8 mL/min. Following oral administration of glimepiride in healthy male subjects, approximately 60% of the total radioactivity was recovered in the urine in 7 days, with M1 and M2 accounting for 80-90% of the total radioactivity recovered in the urine. The ratio of M1 to M2 was approximately 3:2 in two subjects and 4:1 in one subject. Approximately 40% of the total radioactivity was recovered in feces where M1 and M2 accounted for about 70% of the radioactivity and a ratio of M1 to M2 being 1:3. No parent drug was recovered from urine or feces. Pregnancy & Breastfeeding use Pregnancy: Glimepiride Accord must not be taken during pregnancy; a changeover to Insulin is necessary. Patients planning a pregnancy must inform their physician, and should be shifted to Insulin.Lactation: Ingestion of Glimepiride Accord with breast milk may harm the child. Therefore, Glimepiride Accord must not be taken by lactating women. Either a changeover or a complete discontinuation of breast-feeding is necessary. Contraindication Glimepiride Accord is not suitable for the treatment of insulin dependent (type-I) diabetes mellitus, or of diabetic pre-coma or coma. Glimepiride Accord must not be used in patients hypersensitive to Glimepiride Accord or other sulphonylureas. Special Warning Pediatric use: Safety and effectiveness in pediatric patients have not been established.Geriatric use: No overall differences in safety or effectiveness were observed between elderly and adult subjects, and greater sensitivity of some older individuals cannot be ruled out. The drug is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.Use in renal insufficiency: A starting dose of 1 mg glimepiride may be given to NIDDM patients with kidney disease, and the dose may be titrated based on fasting blood glucose levels. Use in hepatic insufficiency: No studies were performed in patients with hepatic insufficiency. Adverse reactions: Hypoglycemia. Adverse events, other than hypoglycemia, are dizzines, asthenia, headache, and nausea. Accidental or intentional overdose may cause severe and prolonged hypoglycemia which may be life-threatening. In case of overdosage with Glimepiride Accord, a doctor must be notified immediately. At the first signs of hypoglycemia, the patient must immediately take sugar, preferably glucose, unless a doctor has already started care. Storage Condition Store at 25 C. Innovators Monograph Glimepiride Accord is used to treat high blood sugar levels caused by type 2 diabetes. It is an anti-diabetic medication used to treat type 2 diabetes. Glimepiride Accordis less preferred than metformin. Use is recommended together with diet and exercise. It may be used alone, or in combination with insulin or another oral medicine such as metformin. Glimepiride Accord is safe to take for a long time. There's no evidence that it harms your general health or your pancreas. Glimepiride Accord lowers blood sugar by causing the pancreas to produce insulin and helping the body use insulin efficiently. Glimepiride Accord will only help lower blood sugar in people whose bodies produce insulin naturally. The most common side effects are feeling sick, indigestion and diarrhoea. Glimepiride Accord can sometimes give you low blood sugar. Carry some sweets or fruit juice with you to help when this happens. Some people find they put on weight with Glimepiride Accord. Glimepiride Accord should be used during pregnancy only if the possible benefit outweighs the possible risk to the unborn baby. Breastfeeding is not recommended during use of Glimepiride Accord. Avoid drinking alcohol. It lowers blood sugar and may interfere with your diabetes treatment. If your blood sugar levels are stable, your ability to drive, cycle or use machines or tools shouldn't be affected by Glimepiride Accord. However, if your blood sugar levels become too low, this can reduce your concentration. If this happens to you, do not drive, cycle, or use machines or tools until you feel better. You'll usually take Glimepiride Accord once a day. Most people take it in the morning with their breakfast. If you don't eat breakfast, make sure you take it with your first meal of the day. Take Glimepiride Accord with food.Having an empty stomach and taking Glimepiride Accord can cause your blood sugar to become too low. Glimepiride Accord reduces blood sugar levels in 2 to 3 hours. Glimepiride Accord tablets begin to lower your blood sugar 30 minutes after you take a dose. Glimepiride Accord reaches its full effects 1 to 3 hours after each dose. Glimepiride Accord tablets begin to lower your blood sugar 2 to 3 hours after you take a dose. Glimepiride Accord is used for long term treatment. It comes with serious risks if you don't take it as prescribed. If you don't taken Glimepiride Accord at all, you may still have high blood sugar levels. Glimepiride Accord is safe, effective and has clearly-definable pharmacokinetics in diabetic patients with renal impairment. The increased plasma elimination of Glimepiride Accord with decreasing kidney function is explainable on the basis of altered protein binding with an increase in unbound drug. You should not use this Glimepiride Accord if you have severe or uncontrolled heart failure, active bladder cancer, or diabetic ketoacidosis. Glimepiride Accord can cause or worsen congestive heart failure. Do not stop taking Glimepiride Accord without talking with your doctor first, even if you feel better. This type 2 diabetes drug affects blood sugar, so any changes in your dose will affect your blood sugar. Do not stop taking Glimepiride Accord without talking to your doctor. If you stop taking Glimepiride Accord suddenly your diabetes may get worse. If you want to stop taking your medicine, speak to your doctor. They may be able to suggest an alternative treatment for your diabetes. Glimepiride Accord takes up to three hours for maximum effect and lasts for about a day. Do not stop taking Glimepiride Accord without talking to your doctor. Glimepiride Accord associated to a significant improvement in the long-term blood pressure control. You should not use Glimepiride Accord if you have diabetic ketoacidosis, or if you are allergic to Glimepiride Accord. Take Glimepiride Accord as soon as you can, but skip the missed dose if it is almost time for your next dose. Do not take two doses at one time. Seek emergency medical attention. A Glimepiride Accord overdose can cause life-threatening hypoglycemia.Symptoms of severe hypoglycemia include extreme weakness, confusion, tremors, sweating, fast heart rate, trouble speaking, nausea, vomiting, rapid breathing, fainting, and seizure. *** Taking medicines without doctor's advice can cause long-term problems. Doctors prescribe glimepiride to help control blood sugar levels in people with type 2 diabetes. It is an oral medication belonging to the sulfonylureas class of drugs. Glimepiride increases the risk of dangerously low blood sugar levels. People who take this medication must, therefore, check their blood sugar levels regularly.Glimepiride may also cause other side effects, especially when taken with certain other medications. This article outlines the potential side effects and risks of taking glimepiride. We also provide information on glimepiride dosages and its interactions with other drugs.Glimepiride is an oral medication that doctors prescribe to treat type 2 diabetes. Glimepiride belongs to a class of drugs called sulfonylureas.Sulfonylureas work by increasing the amount of insulin released from the pancreas. Insulin lowers blood sugar levels by increasing the amount of glucose the body can store in its cells.Sulfonylureas are not suitable for people with type 1 diabetes. People with type 1 diabetes have a dysfunctional pancreas that cannot produce enough insulin. Drugs that stimulate the release of insulin would not be effective.Doctors group sulfonylureas into two different classes: first and second generation sulfonylureas.The following table lists the available sulfonylureas in the United States according to their class.The difference between first and second generation sulfonylureas is their potency, with the second generation being more potent. However, there is no evidence to suggest that one generation is more effective than the other.Doctors sometimes classify glimepiride as a third generation sulfonylurea.People may receive glimepiride alongside other antidiabetic medications. These drug combinations are usually necessary for people who are unable to reach their target blood sugar levels.Doctors use a test called the A1C test to record a persons average blood sugar levels. It does this by measuring the amount of glucose attached to hemoglobin in a persons red blood cells.People with diabetes have A1C values higher than 6.5%. The first-line treatment for elevated levels is metformin (Glucophage). However, a doctor may prescribe glimepiride for people who are unable to take metformin.If a persons A1C values do not fall below 7.0% after 3 months of taking metformin, the doctor may choose to add glimepiride. Alternatively, they may add another type of antidiabetic medication.If a persons initial A1C reading is over 9.0%, the doctor may prescribe both metformin and glimepiride at the start of treatment. Alternatively, they may prescribe some other combination of antidiabetic medications.Doctors will order regular blood tests to check a persons blood sugar levels. People may receive these tests up to four times per year.Sulfonylureas, including glimepiride, can decrease A1C values by about 1.5%.Learn more about the A1C test here.Glimepiride is only available in oral form. A doctor may prescribe it in one of the following dosages.1 milligram (mg), 2 mg, 3 mg, 4 mg, 6 mg, 8 mgDoctors will prescribe glimepiride once daily. People should take it with breakfast or the first meal of the day.People will usually start on a low dose of glimepiride, which is about 1 mg or 2 mg once per day. A doctor will then increase the dose every 1 or 2 weeks, depending on the persons blood sugar control.People who are at risk of experiencing low blood sugar levels will start with 1 mg of glimepiride per day. If necessary, the doctor will increase this dose gradually. These gradual increases should reduce the risk of low blood sugar levels.The maximum daily dose of glimepiride is 8 mg once daily.Share on PinterestPossible side effects of glimepiride include headaches, nausea, and dizziness.Some people only experience symptoms of hypoglycemia when their blood sugar levels drop to 55 mg/dL.A person who has hypoglycemia may experience the following symptoms:tremblingnervousness and anxietysweatingchillsirritabilityconfusionheadacherapid heartbeatlightheadednessdizzinesshungernauseadrowsinesspaleness or loss of color in the skinweaknessblurred visiontingling or numbness of the lips, tongue, or cheeksnightmaresseizuresThe treatment for hypoglycemia is glucose. The American Diabetes Association recommend that people follow the 15-15 rule when taking glucose to treat hypoglycemia.The 15-15 rule recommends that people consume 15 grams (g) of carbohydrate and check their blood sugar levels 15 minutes later. If the blood sugar levels are still below 70 mg/dL, the person should have another serving. People should repeat this process until their blood sugar reaches at least 70 mg/dL.People can get 15 g of sugar from the following sources:glucose tabletsgel tubes4 ounces or 1/2 cup of juice or regular (not diet) soda1 tablespoon of honey, sugar, or corn syruphard candies, jellybeans, or gumdropsOther potential side effects of glimepiride include:headacheaccidental injury, possibly as a result of low hypoglycemiaflu-like symptomsnauseadizzinessweight gainApart from the risk of hypoglycemia, there are several other warnings to consider when taking glimepiride.The UGDP found that people who took the sulfonylurea tolbutamide were 2.5 times more likely to die from CD compared to people who did not take the drug. The people who did not take tolbutamide received diabetes treatment in the form of dietary changes.Although only one sulfonylurea was included in the study, it is possible that other types of sulfonylurea may present similar risks. Doctors must therefore weigh the benefits of these drugs against their potential risks. They may decide to try alternative treatments before prescribing glimepiride.Hemolytic anemia occurs when the body destroys too many red blood cells. If left untreated, a person may experience severe complications, such as irregular heart rhythm and heart failure.Researchers have not identified any major birth defects or miscarriages in women taking glimepiride during pregnancy. However, some doctors have reported an increased risk of hypoglycemia in newborns whose mothers took glimepiride during pregnancy.Doctors recommend stopping glimepiride 2 weeks before the expected delivery date to prevent any effects on the baby.Researchers are unsure of how much glimepiride is released into breastmilk. If a breastfeeding woman must continue taking glimepiride, the pediatrician should routinely monitor the babys blood sugar levels.Glimepiride is generally safe for use in older adults. However, with advanced age, the kidneys may be less effective at removing glimepiride from the system. This can lead to increased levels of glimepiride in the blood, which may result in hypoglycemia.People with a sulfa allergy experience allergic reactions to sulfonamide drugs, such as the antibiotic sulfamethoxazole.If a person has had a severe allergic reaction to sulfonamides in the past, it may be necessary for them to avoid taking these drugs in future.In some cases, a doctor may go ahead and prescribe a sulfonylurea to a person with a sulfa allergy. However, the doctor will monitor the person closely to check for early signs of a repeat allergic reaction.As well as sulfa allergy, some people may experience other general hypersensitivities to the drug.Medications that affect glucose control may interact with glimepiride. Insulin and other antidiabetic medications work with glimepiride to produce a combined hypoglycemic effect. Together, these drugs may lower blood sugar to a level that results in hypoglycemia.While some medications may increase the glucose-lowering effect of glimepiride, some drugs can decrease its effect. The drugs in the following list can decrease the efficacy of sulfonylureas:atypical antipsychotics (e.g. olanzapine and clozapine)thiazides and other diureticscorticosteroidsestrogensA person who requires the above medications alongside glimepiride will need to monitor their blood sugar levels more frequently.If the person stops taking one of the above medications, the effect of glimepiride may increase. In such cases, people should monitor their blood sugar levels to ensure they do not drop too low.Share on PinterestA person should not take sulfonylureas and meglitinides at the same time.Meglitinides are a class of antidiabetic medications that work in a similar way to sulfonylureas. Examples of meglitinides include repaglinide (Prandin) and nateglinide (Starlix).Both sulfonylureas and meglitinides stimulate the release of insulin from the pancreas, but each act on different pathways.Since sulfonylureas and meglitinides have the same action, people should not take both drugs at the same time. Doing so could lead to hypoglycemia.People who require a combination of antidiabetic medications will need to choose drugs from different classes.Some other classes of antidiabetic medications include:thiazolidinedionesalpha-glucosidase inhibitorsdipeptidyl peptidase 4 (DPP- 4) inhibitorssodium-glucose cotransporter 2 (SGLT-2) inhibitorsSome of the above drugs offer additional benefits, such as aiding weight loss and preventing heart disease.Sulfonylureas are a low cost antidiabetic drug. The following table lists the average retail prices of 30 tablets ofSecond generation generic sulfonylureas.GliclazideGlimepirideGlipizideGlyburideNot approved in the United Stated1 mg, $14.972 mg, $18.324 mg, $29.955 mg, $11.1710 mg, $12.851.25 mg, $12.412.5 mg, $14.275 mg, $16.82Glimepiride is an affordable and effective antidiabetic medication for people with type 2 diabetes. However, this drug may not be suitable for everyone. Doctors will therefore obtain a full medical history before prescribing glimepiride.Glimepiride can increase the risk of low blood sugar levels. As such, people should regularly monitor their blood sugar levels to check that they are within a healthy range. People should follow the 15-15 rule when treating hypoglycemic episodes.Doctors will prescribe alternative antidiabetic medications for people who are unable to take glimepiride or other sulfonylureas.DiabetesType 2Pharmacy / PharmacistMedical News Today has strict sourcing guidelines and relies on peer-reviewed studies, academic research institutions, and medical journals and associations. We only use quality, credible sources to ensure content accuracy and integrity. You can learn more about how we ensure our content is accurate and current by reading our editorial policy.The A1C test & diabetes. (2018). R. A., & Shivkumar, A. (2019). Sulfonylureas. chlorpropamide tablet. (2008). FDA: FDA approved drug products. (n.d.). K., & Sultan, S. (2019). Oral hypoglycemic medications. Prices, Coupons & Savings Tips - GoodRx. (n.d.). Prices, Coupons & Savings Tips - GoodRx. (n.d.). 20 Glyburide Prices, Coupons & Savings Tips - GoodRx. (n.d.). R., & Jialal, I. (2019). Diabetes mellitus type 2. anemia (n.d.). (low blood glucose). (n.d.). Amaryl glimepiride tablet [Fact sheet]. (2019). Glimepiride glimepiride tablet [Fact sheet]. (2019). Glucotrol glipizide tablet [Fact sheet]. (2018). Glynase glyburide tablet [Fact sheet]. (2017). Prandin repaglinide tablet [Fact sheet]. (2017). Starlix nateglinide tablet [Fact sheet]. (2018). Tolinase tolazamide tablet [Fact sheet]. (2006). E., & Wilt, A. S. (2019). Diabetes mellitus type 1 in children. P., & Thoppil, D. (2019). Hypoglycemia. R., & McIver, L. A. (2019). Aspart insulin. generation sulfonylureas. (2019). . (n.d.). If your blood sugar levels are stable, taking glimepiride should not affect your ability to drive, cycle or use machinery or tools.However, if your blood sugar levels become too low, this can reduce your concentration. If this happens to you, do not drive, cycle, or use machines or tools until you feel better.If your eyesight if affected by changes in your blood sugar, do not drive or use machinery until you can see clearly again. See your doctor or optician if your vision does not get better.It's an offence to drive a car if your ability to drive safely is affected. It's your responsibility to decide if it's safe to drive. If you're in any doubt, do not drive.Talk to your doctor or pharmacist if you're unsure whether it's safe for you to drive while taking glimepiride. GOV.UK has more information on the law on drugs and driving. Accord-Glimepiride stimulates the insulin release from pancreatic -cells and reduces glucose output from the liver. It also increases insulin sensitivity at peripheral target sites. Accord-Glimepride stimulates the secretion of insulin granules from the pancreatic beta cells and improves the sensitivity of peripheral tissues to insulin to increase peripheral glucose uptake, thus reducing plasma blood glucose levels and glycated hemoglobin (HbA1C) levels. A multi-center, randomized, placebo-controlled clinical trial evaluated the efficacy of glimepiride (18 mg) as monotherapy titrated over 10 weeks compared with placebo in T2DM subjects who were not controlled by diet alone. In this study, there was a reduction in fasting plasma glucose (FPG) by 46 mg/dL, post-prandial glucose (PPG) by 72 mg/dL, and HbA1c by 1.4% more than the placebo. In another randomized study comprising of patients with T2DM receiving either placebo or one of the three doses (1, 4, or 8 mg) of glimepiride during a 14-week study period, all glimepiride regimens significantly reduced FPG, PPG, and HbA1c values (P < 0.001) compared to placebo by the end of the study period. The 4- and 8-mg doses of glimepiride were more effective than the 1-mg dose; however, the 4-mg dose provided a nearly maximal antihyperglycemic effect. Attribute Details Trade Name Accord-Glimepride Availability Prescription only Generic Glimepiride Glimepiride Other Names Glimepirida, Glimpiride, Glimepiride, Glimepiridum Related Drugs Farxiga, metformin, Trulicity, Lantus, Victoza, Tresiba, Levemir Type Formula C24H34N4O5S Weight Average: 490.62 Monoisotopic: 490.224991385 Protein binding Plasma protein binding of glimepiride is greater than 99.5%. Groups Approved Therapeutic Class Sulfonylureas Manufacturer Available Country South Africa Last Updated: January 7, 2025 at 1:49 am Accord-Glimepride is used for an adjunct to diet to lower the blood glucose in patients with non-insulin-dependent diabetes mellitus (type 2 diabetes) whose hyperglycemia can not be controlled by diet, physical exercise and weight reduction.Accord-Glimepride is also used for use in combination with Insulin to lower blood glucose in patients whose hyperglycaemia can not be controlled by diet and exercise or in conjunction with an oral hypoglycaemic agent. Accord-Glimepride is also used to associated treatment for these conditions: Type 2 Diabetes Mellitus ATP-sensitive potassium channels on pancreatic beta cells that are gated by intracellular ATP and ADP. The hetero-octomeric complex of the channel is composed of four pore-forming Kir6.2 subunits and four regulatory sulfonylurea receptor (SUR) subunits. Alternative splicing allows the formation of channels composed of varying subunit isoforms expressed at different concentrations in different tissues. In pancreatic beta cells, ATP-sensitive potassium channels play a role as essential metabolic sensors and regulators that couple membrane excitability with glucose-stimulated insulin secretion (GSIS). When there is a decrease in the ATP:ADP ratio, the channels are activated and open, leading to K+ efflux from the cell, membrane hyperpolarization, and suppression of insulin secretion. In contrast, increased uptake of glucose into the cell leads to elevated intracellular ATP:ADP ratio, leading to the closure of channels and membrane depolarization. Depolarization leads to activation and opening of the voltage-dependent Ca2+ channels and consequently an influx of calcium ions into the cell. Elevated intracellular calcium levels causes the contraction of the filaments of actomyosin responsible for the exocytosis of insulin granules stored in vesicles. Accord-Glimepride blocks the ATP-sensitive potassium channel by binding non-specifically to the B sites of both sulfonylurea receptor-1 (SUR1) and sulfonylurea receptor-2A (SUR2A) subunits as well as the A site of SUR1 subunit of the channel to promote insulin secretion from the beta cell. In principle, the dosage of Accord-Glimepride is governed by the desired blood sugar level. The dosage of Accord-Glimepride must be the lowest which is sufficient to achieve the desired metabolic control.The initial and the maintenance doses are set based on the results of regular checking of glucose in blood and urine. Monitoring of glucose levels in blood and urine also serves to detect either primary or secondary failure of therapy.Initial dose and dose titration: Usual initial dose is 1 mg once daily. If necessary, the daily dose can be increased. Any increase can be based on regular blood sugar monitoring, and should be gradual, i.e., at intervals of one to two weeks and carried out step wise at follows: 1 mg-2 mg-3 mg-4 mg-6 mg.Dose range in patients with well controlled diabetes: Usual dose range in patients with well controlled diabetes is 1 to 4 mg daily.Distribution of doses: Timing and distribution of doses are decided by the physician, in consideration of the patient's current life style. Normally, a single daily dose is sufficient. This should be taken immediately before a substantial breakfast or - if none is taken - immediately before the first main meals. It is very important not to skip meals after taking the drug.Secondary dosage adjustment: As the control of diabetes improves, sensitivity to insulin increases; therefore, Accord-Glimepride requirement may fall as treatment proceeds. To avoid hypoglycaemia, timely dose reduction or cessation of Accord-Glimepride therapy must be considered.A dose adjustment must also be considered whenever the patient's weight or life style changes, or other factors arise which cause an increased susceptibility to hypo- or hyperglycaemia.Changeover from other oral antidiabetics to Accord-Glimepride: There is no exact dosage relationship between Accord-Glimepride and other oral blood sugar lowering agents. When substituting Glimepride for other such agents, the initial daily dose is 1 mg; this applies even in changeover from the maximum dose of other oral blood sugar lowering agents. Any dose increase should be in accordance with guideline given above in initial dose and dose titration.Consideration must be given to the potency and duration of action of the previous blood sugar lowering agent. It may be necessary to interrupt treatment to avoid additive effects which would increase the risk of hypoglycaemia. Diaryl tablet must be swallowed without chewing and with sufficient amount of liquid (approximately glass). Hypoglycaemia, temporary visual impairment, nausea, vomiting, diarrhoea, abdominal pain, urticaria & fall in blood pressure. Toxicity The oral LD50 value in rats is > 10000 mg/kg. The intraperitoneal LD50 value in rats is reported to be 3950 mg/kg . Although glimepiride is reported to have fewer risks of hypoglycemia compared to other sulfonylureas such as glyburide, overdosage of glimepiride may result in severe hypoglycemia with coma, seizure, or other neurological impairment may occur. This can be treated with glucagon or intravenous glucose. Continued observation and additional carbohydrate intake may be necessary since hypoglycemia may recur after apparent clinical recovery.In a study of rats given doses of up to 5000 parts per million (ppm) in complete feed for 30 months, there were no signs of carcinogenesis. Meanwhile, the administration of glimepiride at a dose much higher than the maximum human recommended dose for 24 months in mice resulted in an increase in benign pancreatic adenoma formation in a dose-related manner, which was thought to be the result of chronic pancreatic stimulation. Accord-Glimepride was non-mutagenic in in vitro and in vivo mutagenicity studies. In male and female rat studies, glimepiride was shown to have no effects on fertility. In the initial weeks of treatment, the risk of hypoglycaemia may be increased and necessitates careful monitoring. If such risk is present it may be necessary to adjust the dosage of Accord-Glimepride. Hypoglycaemia can almost always be promptly controlled by immediate intake of carbohydrates (glucose or sugar, e.g., sugar sweetened fruit juice or sugar sweetened tea) Interaction Potentiation of the blood-sugar-lowering effect may occur with Insulin and other oral anti-diabetics, ACE inhibitors, Allopurinol, anabolic steroids and male sex hormones, Chloramphenicol, coumarin derivatives, Fluoxetine, MAO inhibitors, Miconazole, Para-aminosalicyclic acid, Pentoxifylline (high dose parenteral), Phenylbutazone, Oxyphenbutazone, quinolones, salicylates, sulphonamides, tetracyclines, blockers.Weakening of the blood-sugar-lowering effect may occur with Acetazolamide, barbiturates, corticosteroids, Diazoxide, diuretics, Epinephrine and other sympathomimetic agents, laxative, oestrogens and progestogens, phenothiazines, Phenytoin, Rifampicin, and thyroid hormones.H2 -receptor antagonists, Clonidine and Reserpine may lead to either potentiation or weakening of the blood-sugar-lowering effect.Both acute and chronic alcohol intake may potentiate or weaken the blood-sugar-lowering action of Accord-Glimepride unpredictably. Avoid alcohol. Acute and chronic alcohol intake may unpredictably affect the glucose-lowering action of glimepiride.Take with food. The manufacturer recommends administration with the first meal of the day.[Moderate] GENERALLY AVOID: Alcohol may cause hypoglycemia or hyperglycemia in patients with diabetes.Hypoglycemia most frequently occurs during acute consumption of alcohol.Even modest amounts can lower blood sugar significantly, especially when the alcohol is ingested on an empty stomach or following exercise.The mechanism involves inhibition of both gluconeogenesis as well as the counter-regulatory response to hypoglycemia.Episodes of hypoglycemia may last for 8 to 12 hours after ethanol ingestion.By contrast, chronic alcohol abuse can cause impaired glucose tolerance and hyperglycemia.Moderate alcohol consumption generally does not affect blood glucose levels in patients with well controlled diabetes.A disulfiram-like reaction (e.g., flushing, headache, and nausea) to alcohol has been reported frequently with the use of chlorpropamide and very rarely with other sulfonylureas.MANAGEMENT: Patients with diabetes should avoid consuming alcohol if their blood glucose is not well controlled, or if they have hypertriglyceridemia, neuropathy, or pancreatitis.Patients with well controlled diabetes should limit their alcohol intake to one drink daily for women and two drinks daily for men (1 drink = 5 oz wine, 12 oz beer, or 1.5 oz distilled spirits) in conjunction with their normal meal plan.Alcohol should not be consumed on an empty stomach or following exercise. Moderate: aspirin, aspirin, sitagliptin, sitagliptin, empagliflozin, empagliflozin, metoprolol, metoprolol, metoprolol, metoprololUnknown: rosuvastatin, rosuvastatin, omega-3 polyunsaturated fatty acids, omega-3 polyunsaturated fatty acids, atorvastatin, atorvastatin, cyanocobalamin, cyanocobalamin, cholecalciferol, cholecalciferol Disease Interaction Major: cardiovascular risk, renal/liver diseaseModerate: hypoglycemia, G6PD deficiency, hyponatremia Volume of Distribution Following intravenous dosing in healthy subjects, the volume of distribution was 8.8 L (113 mL/kg). Accord-Glimepride is completely absorbed after oral administration within 1 hour of administration with a linear pharmacokinetics profile. Following administration of a single oral dose of glimepiride in healthy subjects and with multiple oral doses with type 2 diabetes, the peak plasma concentrations (Cmax) were reached after 2 to 3 hours post-dose. Accumulation does not occur after multiple doses. When glimepiride was given with meals, the time to reach Cmax was increased by 12% while the mean and AUC (area under the curve) were decreased by 8 to 9%, respectively. In a pharmacokinetic study of Japanese patients with T2DM, Cmax value in once-daily dose was higher than those in twice-daily doses. The absolute bioavailability of glimepiride is reported to be complete following oral administration. Half Life The elimination half-life of glimepiride is approximately 5 to 8 hours, which can increase up to 9 hours following multiple doses. Clearance A single-dose, crossover, dose-proportionality (1, 2, 4, and 8 mg) study in normal subjects and from a single- and multiple-dose, parallel, d

will talk to you about the best way to manage your diabetes.Insulin is a hormone which is made naturally in your body, in the pancreas. It helps to control the levels of sugar (glucose) in your blood. If your body does not make enough insulin to meet its needs, or if it does not use the insulin it makes effectively, this results in the condition called diabetes (diabetes mellitus).People with diabetes need treatment to control the amount of sugar in their blood. This is because good control of blood sugar levels reduces the risk of complications later on. Some people can control the sugar in their blood by making changes to the food they eat but for other people, medicines like glimepiride are given alongside the changes in diet.Glimepiride works by increasing the amount of insulin that your pancreas produces. It can be given on its own or alongside other antidiabetic medicines or insulin.Some medicines are not suitable for people with certain conditions, and sometimes a medicine can only be used if extra care is taken. For these reasons, before you start taking glimepiride it is important that your doctor knows:If you are pregnant or breastfeeding.If you have any problems with the way your liver works, or if you have any problems with the way your kidneys work.If you have been told you have glucose 6-phosphate dehydrogenase (G6PD) deficiency. This is a rare inherited disorder.If you are taking any other medicines. This includes any medicines which are available to buy without a prescription, as well as herbal and complementary medicines.If you have ever had an allergic reaction to a medicine.Before you start the treatment, read the manufacturer's printed information leaflet from inside the pack. It will give you more information about glimepiride, and it will also provide you with a full list of the side-effects which you could experience from taking it.Take glimepiride exactly as your doctor tells you to. It is usually prescribed as a once-daily dose to be taken shortly before, or with, your first meal of the day (usually breakfast). Swallow the tablet whole with a drink of water.To begin with, you will be asked to take 1 mg-strength tablets, although the strength of your tablets may be increased over the first few weeks if needed. There are several strengths of glimepiride tablets available: 1 mg, 2 mg, 3 mg and 4 mg. Each time you collect a prescription, check to make sure it is the strength of tablet that you are expecting.If you forget to take a dose, take it as soon as you remember. If you do not remember until the following day, leave out the forgotten dose from the previous day and take the dose that is due as normal. Do not take two doses at the same time to make up for a missed dose.It is important that you keep your regular doctor's and clinic appointments. This is so your progress can be monitored. You are likely to need regular check-ups with an eye clinic and a foot clinic as well as with your doctor and diabetes clinic.Your doctor may recommend that you test for sugar (glucose) in your blood regularly to check that your diabetes is being controlled. Your doctor or diabetes nurse will show you how to do this.If you have been given advice by your doctor about changes to your diet, stopping smoking or taking regular exercise, it is important for you to follow the advice you have been given.Make sure you know what it feels like if your blood sugar is too low. This is known as hypoglycaemia, or a 'hypo'. The first signs of hypoglycaemia are feeling shaky or anxious, sweating, looking pale, feeling hungry, having a feeling that your heart is pounding (palpitations), and feeling dizzy. If this happens, eat something containing sugar, such as dextrose tablets, or sugary sweets or drinks (non-diet), and then follow this up with a snack such as a sandwich or a banana.Hypoglycaemia can occur in particular if you miss a meal, if you exercise more than usual, if you are ill, or if you drink a lot of alcohol.If you are a driver you should take special care, as your ability to concentrate may be affected if your diabetes is not well controlled. You may be advised to check your blood sugar levels before you travel and to have a snack with you on long journeys.Drivers in the UK may need to inform the Driver and Vehicle Licensing Agency (DVLA) if they experience an episode of severe hypoglycaemia or experience a 'hypo' whilst driving. Ask your doctor for advice. Drivers in other countries should contact the relevant vehicle licensing agency.Check with your doctor before taking up any new physical exercise, as this will have an effect on your blood sugar levels and you may need to check your blood levels more regularly.Drinking alcohol is not advisable with glimepiride. If you do have a drink, keep well within the recommended alcohol limits, as alcohol will affect the control of your blood sugar.If you get unusually thirsty, pass urine more frequently, and feel very tired then let your doctor know. Your dose of glimepiride may need adjusting.Treatment for diabetes is lifelong. Continue to take the tablets unless you are advised otherwise by your doctor.If you are due to have an operation or dental treatment, you should tell the person carrying out the treatment that you have diabetes and that you are taking glimepiride.If you buy any medicines, check with a pharmacist that they are suitable for you to take. This is because some medicines may interfere with glimepiride.Along with their useful effects, most medicines can cause unwanted side-effects although not everyone experiences them. The table below contains some of the ones associated with glimepiride. The best place to find a full list of the side-effects which can be associated with your medicine is from the manufacturer's printed information leaflet supplied with the medicine. Alternatively, you can find an example of a manufacturer's information leaflet in the reference section below. Speak with your doctor or pharmacist if any of the following continue or become troublesome.Glimepiride side-effectsWhat can I do if I experience this?Problems with eyesightThis can happen when you first start treatment but soon passes. Do not drive and do not use tools or machines while affectedSigns of low blood sugar: feeling shaky or anxious, sweating, looking pale, feeling hungry, feeling that your heart is pounding, feeling dizzyEat something containing sugar, such as a biscuit or a sugary drink (not diet), and follow this up with a snack such as a sandwich. Tell your doctor if you notice these symptoms, as your dose may need adjustingChanges to the results of some blood testsYour doctor will check for these if necessaryIf you experience any other symptoms which you think may be due to the tablets, speak with your doctor or pharmacist for further advice.Keep all medicines out of the reach and sight of children.Store in a cool, dry place, away from direct heat and light.Never take more than the prescribed dose. If you suspect that you or someone else might have taken an overdose of this medicine, go to the accident and emergency department of your local hospital at once. Take the container with you, even if it is empty.This medicine is for you. Never give it to other people even if their condition appears to be the same as yours.Do not keep out-of-date or unwanted medicines. Take them to your local pharmacy which will dispose of them for you.If you have any questions about this medicine ask your pharmacist. Glimepiride is a medicine used to treat type 2 diabetes.Type 2 diabetes is a condition where the body does not make enough insulin, or the insulin that it makes does not work properly. This can cause high blood sugar levels (hyperglycaemia).Glimepiride lowers your blood sugar by increasing the amount of insulin your body produces.Glimepiride is only available on prescription. It comes as tablets. You'll usually take glimepiride once a day in the morning.Glimepiride reduces blood sugar levels in 2 to 3 hours. You may not feel any different if you do not have symptoms from diabetes, but it's important to keep taking it.The most common side effects are feeling sick, indigestion and diarrhoea.Glimepiride can sometimes give you low blood sugar (hypoglycaemia). Carry some sweets or fruit juice with you to help when this happens.Some people find they put on weight with glimepiride. Eating a healthy, balanced diet and regular exercise can help with this.If you have diabetes, you're entitled to free prescriptions for all of your medicines, not just your diabetes ones. Page last reviewed: 14 March 2022 Next review due: 14 March 2025 Postal address:Norwegian Institute of Public HealthWHO Collaborating Centre for Drug Statistics MethodologyPostboks 222 Skyen0213 OsloNorwayVisiting/delivery address:Myrens verksted 6H0473 OsloNorway Tel:+47 21 07 81 60E-mail: Copyright/DisclaimerNew searchHide text from GuidelinesA ALIMENTARY TRACT AND METABOLISMA10 DRUGS USED IN DIABETESA10B BLOOD GLUCOSE LOWERING DRUGS, EXCL. INSULINSFixed combinations of blood glucose lowering drugs and lipid modifying agentes are classified here.A10BB SulfonylureasThe DDD for micronized glibenclamide is lower compared to non-micronized formulations, due to higher bioavailability.The DDD for gliclazide is based on the modified release formulation.ATC codeNameDDDUAdm.RNoteA10BB12glimepiride2mgOList of abbreviations Share copy and redistribute the material in any medium or format for any purpose, even commercially. Adapt remix, transform, and build upon the material for any purpose, even commercially. The licensor cannot revoke these freedoms as long as you follow the license terms. Attribution You must give appropriate credit , provide a link to the license, and indicate if changes were made . You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use. ShareAlike If you remix, transform, or build upon the material, you must distribute your contributions under the same license as the original. No additional restrictions You may not apply legal terms or technological measures that legally restrict others from doing anything the license permits. You do not have to comply with the license for elements of the material in the public domain or where your use is permitted by an applicable exception or limitation . No warranties are given. The license may not give you all of the permissions necessary for your intended use. For example, other rights such as publicity, privacy, or moral rights may limit how you use the material. Accord-Glimepride stimulates the insulin release from pancreatic -cells and reduces glucose output from the liver. It also increases insulin sensitivity at peripheral target sites. Accord-Glimepride stimulates the secretion of insulin granules from the pancreatic beta cells and improves the sensitivity of peripheral tissues to insulin to increase peripheral glucose uptake, thus reducing plasma blood glucose levels and glycated hemoglobin (HbA1C) levels. A multi-center, randomized, placebo-controlled clinical trial evaluated the efficacy of glimepiride (18 mg) as monotherapy titrated over 10 weeks compared with placebo in T2DM subjects who were not controlled by diet alone. In this study, there was a reduction in fasting plasma glucose (FPG) by 46 mg/dL, post-prandial glucose (PPG) by 72 mg/dL, and HbA1c by 1.4% more than the placebo. 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To avoid hypoglycaemia, timely dose reduction or cessation of Accord-Glimepride therapy must be considered.A dose adjustment must also be considered whenever the patient's weight or life style changes, or other factors arise which cause an increased susceptibility to hypo- or hyperglycaemia.Changeover from other oral antidiabetics to Accord-Glimepride: There is no exact dosage relationship between Accord-Glimepride and other oral blood sugar lowering agents. When substituting Glimepride for other such agents, the initial daily dose is 1 mg; this applies even in changeover from the maximum dose of other oral blood sugar lowering agents. Any dose increase should be in accordance with guideline given above in initial dose and dose titration.Consideration must be given to the potency and duration of action of the previous blood sugar lowering agent. It may be necessary to interrupt treatment to avoid additive effects which would increase the risk of hypoglycaemia. Diaryl tablet must be swallowed without chewing and with sufficient amount of liquid (approximately glass). Hypoglycaemia, temporary visual impairment, nausea, vomiting, diarrhoea, abdominal pain, urticaria & fall in blood pressure. Toxicity The oral LD50 value in rats is > 10000 mg/kg. The intraperitoneal LD50 value in rats is reported to be 3950 mg/kg . Although glimepiride is reported to have fewer risks of hypoglycemia compared to other sulfonylureas such as glyburide, overdosage of glimepiride may result in severe hypoglycemia with coma, seizure, or other neurological impairment may occur. This can be treated with glucagon or intravenous glucose. Continued observation and additional carbohydrate intake may be necessary since hypoglycemia may recur after apparent clinical recovery.In a study of rats given doses of up to 5000 parts per million (ppm) in complete feed for 30 months, there were no signs of carcinogenesis. Meanwhile, the administration of glimepiride at a dose much higher than the maximum human recommended dose for 24 months in mice resulted in an increase in benign pancreatic adenoma formation in a dose-related manner, which was thought to be the result of chronic pancreatic stimulation. Accord-Glimepride was non-mutagenic in in vitro and in vivo mutagenicity studies. In male and female rat studies, glimepiride was shown to have no effects on fertility. In the initial weeks of treatment, the risk of hypoglycaemia may be increased and necessitates careful monitoring. If such risk is present it may be necessary to adjust the dosage of Accord-Glimepride. Hypoglycaemia can almost always be promptly controlled by immediate intake of carbohydrates (glucose or sugar, e.g., sugar sweetened fruit juice or sugar sweetened tea) Interaction Potentiation of the blood-sugar-lowering effect may occur with Insulin and other oral anti-diabetics, ACE inhibitors, Allopurinol, anabolic steroids and male sex hormones, Chloramphenicol, coumarin derivatives, Fluoxetine, MAO inhibitors, Miconazole, Para-aminosalicyclic acid, Pentoxifylline (high dose parenteral), Phenylbutazone, Oxyphenbutazone, quinolones, salicylates, sulphonamides, tetracyclines, blockers.Weakening of the blood-sugar-lowering effect may occur with Acetazolamide, barbiturates, corticosteroids, Diazoxide, diuretics, Epinephrine and other sympathomimetic agents, laxative, oestrogens and progestogens, phenothiazines, Phenytoin, Rifampicin, and thyroid hormones.H2 - receptor antagonists, Clonidine and Reserpine may lead to either potentiation or weakening of the blood-sugar-lowering effect.Both acute and chronic alcohol intake may potentiate or weaken the blood-sugar-lowering action of Accord-Glimepride unpredictably. Avoid alcohol. Acute and chronic alcohol intake may unpredictably affect the glucose-lowering action of glimepiride.Take with food. The manufacturer recommends administration with the first meal of the day.[Moderate] GENERALLY AVOID: Alcohol may cause hypoglycemia or hyperglycemia in patients with diabetes.Hypoglycemia most frequently occurs during acute consumption of alcohol.Even modest amounts can lower blood sugar significantly, especially when the alcohol is ingested on an empty stomach or following exercise.The mechanism involves inhibition of both gluconeogenesis as well as the counter-regulatory response to hypoglycemia.Episodes of hypoglycemia may last for 8 to 12 hours after ethanol ingestion.By contrast, chronic alcohol abuse can cause impaired glucose tolerance and hyperglycemia.Moderate alcohol consumption generally does not affect blood glucose levels in patients with well controlled diabetes.A disulfiram-like reaction (e.g., flushing, headache, and nausea) to alcohol has been reported frequently with the use of chlorpropamide and very rarely with other sulfonylureas.MANAGEMENT: Patients with diabetes should avoid consuming alcohol if their blood glucose is not well controlled, or if they have hypertriglyceridemia, neuropathy, or pancreatitis.Patients with well controlled diabetes should limit their alcohol intake to one drink daily for women and two drinks daily for men (1 drink = 5 oz wine, 12 oz beer, or 1.5 oz distilled spirits) in conjunction with their normal meal plan.Alcohol should not be consumed on an empty stomach or following exercise. Moderate: aspirin, aspirin, sitagliptin, sitagliptin, empagliflozin, empagliflozin, metoprolol, metoprolol, metoprolol, metoprololUnknown: rosuvastatin, rosuvastatin, omega-3 polyunsaturated fatty acids, omega-3 polyunsaturated fatty acids, atorvastatin, atorvastatin, cyanocobalamin, cyanocobalamin, cholecalciferol, cholecalciferol Disease Interaction Major: cardiovascular risk, renal/liver diseaseModerate: hypoglycemia, G6PD deficiency, hyponatremia Volume of Distribution Following intravenous dosing in healthy subjects, the volume of distribution was 8.8 L (113 mL/kg). Accord-Glimepride is completely absorbed after oral administration within 1 hour of administration with a linear pharmacokinetics profile. Following administration of a single oral dose of glimepiride in healthy subjects and with multiple oral doses with type 2 diabetes, the peak plasma concentrations (Cmax) were reached after 2 to 3 hours post-dose. Accumulation does not occur after multiple doses. When glimepiride was given with meals, the time to reach Cmax was increased by 12% while the mean and AUC (area under the curve) were decreased by 8 to 9%, respectively. In a pharmacokinetic study of Japanese patients with T2DM, Cmax value in once-daily dose was higher than those in twice-daily doses. The absolute bioavailability of glimepiride is reported to be complete following oral administration. Half Life The elimination half-life of glimepiride is approximately 5 to 8 hours, which can increase up to 9 hours following multiple doses. Clearance A single-dose, crossover, dose-proportionality (1, 2, 4, and 8 mg) study in normal subjects and from a single- and multiple-dose, parallel, dose proportionality (4 and 8 mg) study in patients with type 2 diabetes (T2D) were performed. In these studies, the total body clearance was 52.1 +/- 16.0 mL/min, 48.5 +/- 29.3 mL/min in patients with T2D given a single oral dose, and 52.7 +/- 40.3 mL/min in patients with T2D given multiple oral doses. Following intravenous dosing in healthy subjects, the total body clearance was 47.8 mL/min. Following oral administration of glimepiride in healthy male subjects, approximately 60% of the total radioactivity was recovered in the urine in 7 days, with M1 and M2 accounting for 80-90% of the total radioactivity recovered in the urine. The ratio of M1 to M2 was approximately 3:2 in two subjects and 4:1 in one subject. Approximately 40% of the total radioactivity was recovered in feces where M1 and M2 accounted for about 70% of the radioactivity and a ratio of M1 to M2 being 1:3. No parent drug was recovered from urine or feces. Pregnancy & Breastfeeding use Pregnancy: Accord-Glimepride must not be taken during pregnancy; a changeover to Insulin is necessary. Patients planning a pregnancy must inform their physician, and should be shifted to Insulin.Lactation: Ingestion of Accord-Glimepride with breast milk may harm the child. Therefore, Accord-Glimepride must not be taken by lactating women. Either a changeover or a complete discontinuation of breast-feeding is necessary. Contraindication Accord-Glimepride is not suitable for the treatment of insulin dependent (type-I) diabetes mellitus, or of diabetic pre-coma or coma. Accord-Glimepride must not be used in patients hypersensitive to Accord-Glimepride or other sulphonylureas. Special Warning Pediatric use: Safety and effectiveness in pediatric patients have not been established.Geriatric use: No overall differences in safety or effectiveness were observed between elderly and adult subjects, but greater sensitivity of some older individuals cannot be ruled out. The drug is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.Use in renal insufficiency: A starting dose of 1 mg glimepiride may be given to NIDDM patients with kidney disease, and the dose may be titrated based on fasting blood glucose levels. Use in hepatic insufficiency: No studies were performed in patients with hepatic insufficiency. Adverse reactions: Hypoglycemia. Adverse events, other than hypoglycemia, are dizzines, asthenia, headache, and nausea. Accidental or intentional overdose may cause severe and prolonged hypoglycemia which may be life-threatening. In case of overdosage with Accord-Glimepride, a doctor must be notified immediately. At the first signs of hypoglycemia, the patient must immediately take sugar, preferably glucose, unless a doctor has already started care. Storage Condition Store at 25 C. Innovators Monograph Accord-Glimepride is used to treat high blood sugar levels caused by type 2 diabetes. It is an anti-diabetic medication used to treat type 2 diabetes. Accord-Glimeprideis less preferred than metformin. Use is recommended together with diet and exercise. It may be used alone, or in combination with insulin or another oral medicine such as metformin. Accord-Glimepride is safe to take for a long time. There's no evidence that it harms your general health or your pancreas. Accord-Glimepride lowers blood sugar by causing the pancreas to produce insulin and helping the body use insulin efficiently. Accord-Glimepride will only help lower blood sugar in people whose bodies produce insulin naturally. The most common side effects are feeling sick, indigestion and diarrhoea. Accord-Glimepride can sometimes give you low blood sugar. Carry some sweets or fruit juice with you to help when this happens. Some people find they put on weight with Accord-Glimepride. Accord-Glimepride should be used during pregnancy only if the possible benefit outweighs the possible risk to the unborn baby. Breastfeeding is not recommended during use of Accord-Glimepride. Avoid drinking alcohol. It lowers blood sugar and may interfere with your diabetes treatment. If your blood sugar levels are stable, your ability to drive, cycle or use machines or tools shouldn't be affected by Accord-Glimepride. However, if your blood sugar levels become too low, this can reduce your concentration. If this happens to you, do not drive, cycle, or use machines or tools until you feel better. You'll usually take Accord-Glimepride once a day. Most people take it in the morning with their breakfast. If you don't eat breakfast, make sure you take it with your first meal of the day. Take Accord-Glimepride with food.Having an empty stomach and taking Accord-Glimepride can cause your blood sugar to become too low. Accord-Glimepride reduces blood sugar levels in 2 to 3 hours. Accord-Glimepride tablets begin to lower your blood sugar 30 minutes after you take a dose. Accord-Glimepride reaches its full effects 1 to 3 hours after each dose. Accord-Glimepride tablets begin to lower your blood sugar 2 to 3 hours after you take a dose. Accord-Glimepride is used for long term treatment. It comes with serious risks if you don't take it as prescribed. If you don't taken Accord-Glimepride at all, you may still have high blood sugar levels. Accord-Glimepride is safe, effective and has clearly-definable pharmacokinetics in diabetic patients with renal impairment. The increased plasma elimination of Accord-Glimepride with decreasing kidney function is explainable on the basis of altered protein binding with an increase in unbound drug. You should not use this Accord-Glimepride if you have severe or uncontrolled heart failure, active bladder cancer, or diabetic ketoacidosis. Accord-Glimepride can cause or worsen congestive heart failure. Do not stop taking Accord-Glimepride without talking with your doctor first, even if you feel better. This type 2 diabetes drug affects blood sugar, so any changes in your dose will affect your blood sugar. Do not stop taking Accord-Glimepride without talking to your doctor. If you stop taking Accord-Glimepride suddenly your diabetes may get worse. If you want to stop taking your medicine, speak to your doctor. They may be able to suggest an alternative treatment for your diabetes. Accord-Glimepride takes up to three hours for maximum effect and lasts for about a day. Do not stop taking Accord-Glimepride without talking to your doctor. Accord-Glimepride associated to a significant improvement in the long-term blood pressure control. You should not use Accord-Glimepride if you have diabetic ketoacidosis, or if you are allergic to Accord-Glimepride. Take Accord-Glimepride as soon as you can, but skip the missed dose if it is almost time for your next dose. Do not take two doses at one time. Seek emergency medical attention. A Accord-Glimepride overdose can cause life-threatening hypoglycemia.Symptoms of severe hypoglycemia include extreme weakness, confusion, tremors, sweating, fast heart rate, trouble speaking, nausea, vomiting, rapid breathing, fainting, and seizure. *** Taking medicines without doctor's advice can cause long-term problems.

Accord glimepiride. What is glimepiride for. How does glimepiride work. Accord glimepiride 2. When should i take glimepiride 1 mg. Accord glimepiride 4 mg.