burden of daily injections, regimen complexity and the often attendant hypoglycaemia and weight gain (Cryer PE, 2002)(Korytkowski M , 2002) . Even though oral antihyperglycaemic agents are often favoured as initial therapies because their regimens may be less burdensome, they are also not without side effects, including hypoglycaemia and/or weight gain (sulphonylureas,meglitinides, thiazolidinediones), and gastrointestinal symptoms (biguanides, alpha-glucosidase inhibitors (Nathan DM, Buse JB, Davidson MB et al. 2008) (Rubin RR. , 2005). The impact of such side effects on patient-centred outcomes, such as body image, weight and health perceptions, psychological well-being and cognitive impairment, must be factored into treatment decisions. The importance of weight gain as a side effect of treatment has been given a lower priority compared with hypoglycaemia and gastrointestinal problems. However, it is a particular concern in this patient population and is increasingly reflected in treatment algorithms(Nathan DM, Buse JB, Davidson MB et al. 2008) . The most recent consensus statement for glycaemic control in type 2 diabetes issued by the American Association of Clinical Endocrinologists (AACE) and American College of Endocrinology (ACE) pointed out that the benefits of GLP-1 agonists, whereby approximately 30% of patients experience considerable weight loss, might in fact supersede transitory gastrointestinal side effects and the inconvenience of twice-daily injections (Rodbard HW, Jellinger PS, Davidson JA et al. 2009).Over 80% of patients with type 2 diabetes are already either overweight or obese (International Diabetes Federation. Diabetes facts and figures. 2008.), and thus weight gain is both physically and psychologically undesirable. It may also be a barrier to the continuation or intensification of many antidiabetic therapies (Pi-Sunyer FX., 2009).

Tailoring diabetes treatments to address patients' individual pathophysiology, while balancing the risk of hypoglycaemia and weight gain, is therefore a significant challenge.Evidence has shown that the health-related quality of life (HRQoL) of people with type 2 diabetes is compromised compared with general population norms, especially for physicalfunctioning and