

Evaluation of weight loss with insulin and sodium-glucose cotransporter-2 inhibitors or glucagon-like peptide-1 receptor agonists in medically underserved patients with type 2 diabetes

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Background

- Mortality reduction and improved metabolic outcomes observed with > 5% weight loss in patients with T2DM
- Achieving meaningful weight loss complicated by the use of antihyperglycemic agents associated with weight gain:
 - Insulin
 - Insulin secretagogues
 - Thiazolidinediones
- Antihyperglycemic agents associated with weight loss:
 - SGLT-2i
 - GLP-1 RA

Weight loss with SGLT-2 Inhibitors and GLP-1 Receptor Agonists

SGLT-2i

Expected Weight Loss:
13.2 lb (100 kcal/day)

Observed weight loss after 26 weeks:
Monotherapy: 5.3-7.5 lb (2.8-3.9%)
With insulin: 3.5-4.8 lb (1.8-2.3%)

★ Majority of weight loss in first 8 weeks of therapy

GLP-1 RA

Expected Weight Loss:
Unclear

Observed weight loss after 52 weeks:
Monotherapy: 4.6-5.5 lb (2.3-2.7%)
With Insulin: 2.9- 4.2 lb (1.5-2.2%)

★ Majority of weight loss in first 12 weeks of therapy

Weight Trends in Medically Underserved Populations

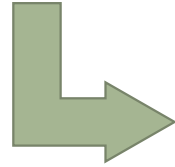
- Higher risk for obesity
- Environmental and psychosocial stresses
- Lower success rates of achieving and maintaining weight loss

Objective

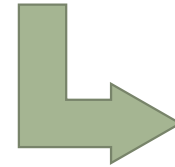
Evaluate real world weight loss in patients with T2DM in a medically underserved area with the use of SGLT-2i or GLP-1 RA agonists and concomitant insulin use

Methods

Patients screened for eligibility
based on clinic records



Eligible patients
assigned study code



Demographic and medical
information recorded



Week 0

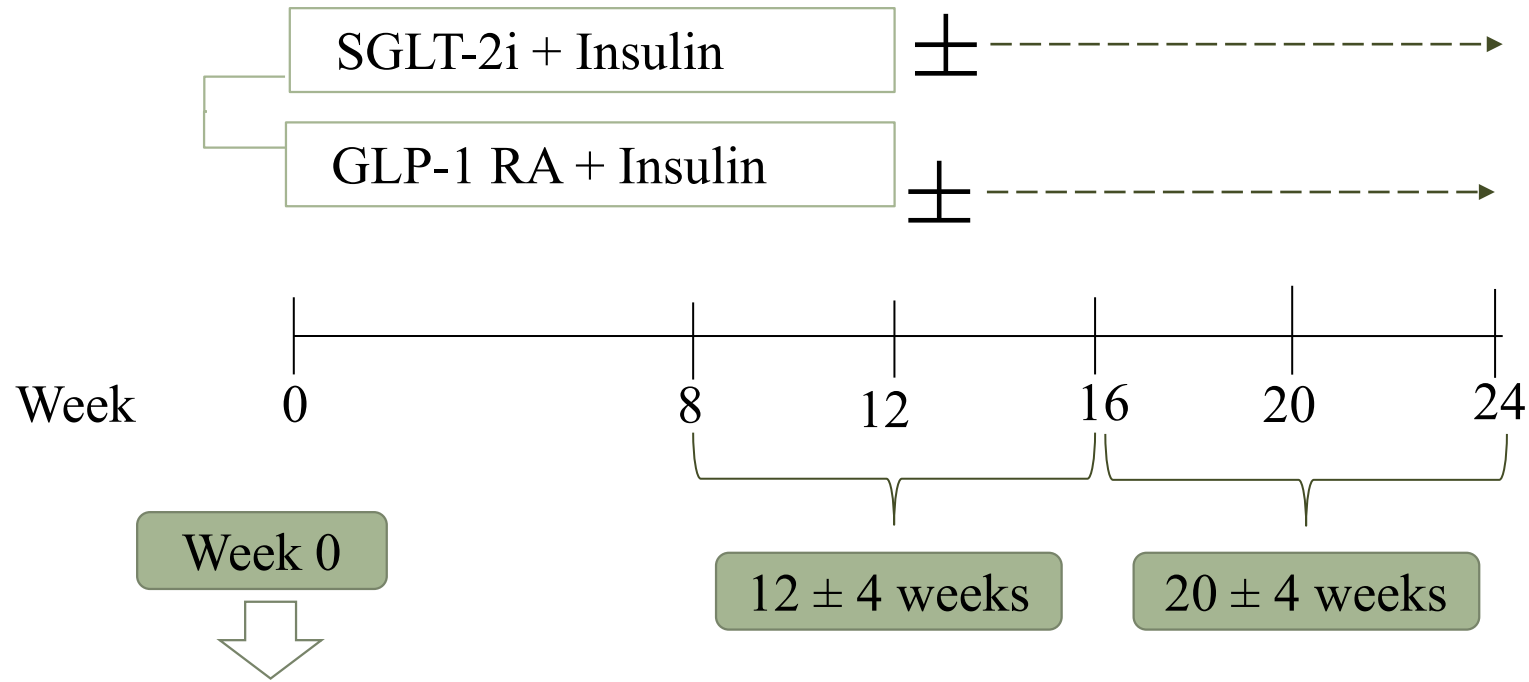
Week 12 \pm 4 weeks

\pm

Week 20 \pm 4 weeks

Methods cntd.

Data collected

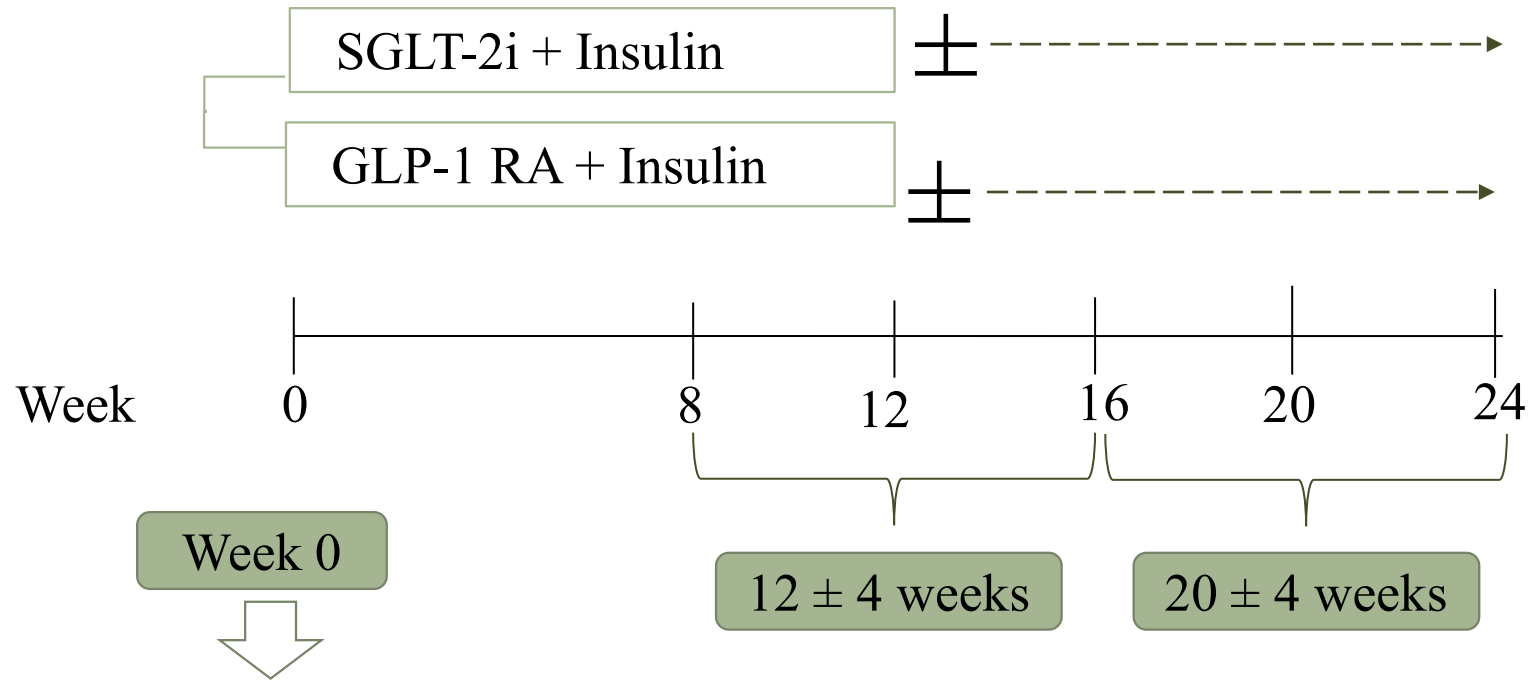


Date therapy initiated:

- Date medication picked up from clinic
- Date prescription written

Methods cntd.

Data collected

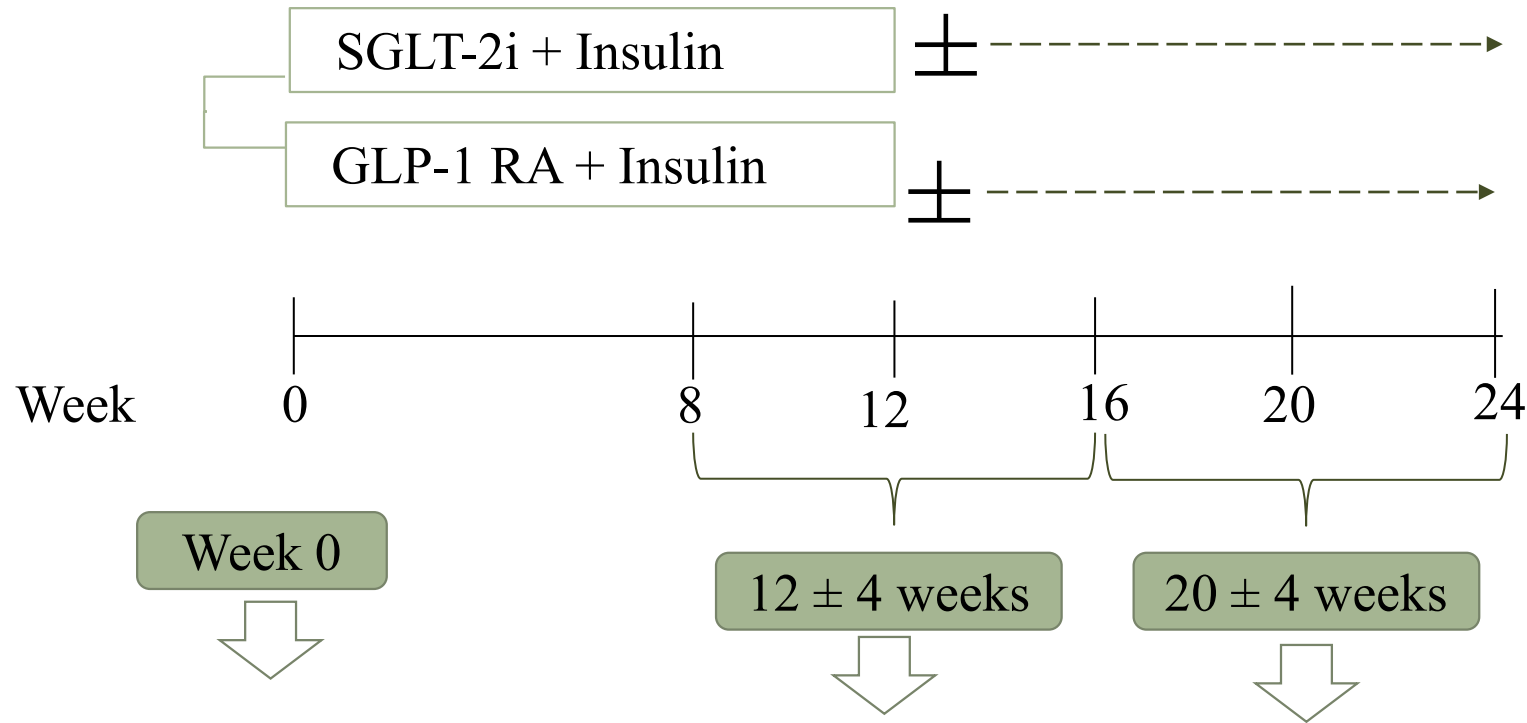


Baseline Demographics:

- Age
- Sex at birth
- Race
- Ethnicity
- Height

Methods cntd.

Data collected



Medical Information:

- Weight
- Blood pressure
- SGLT-2i/GLP-1 RA name and dose
- Insulin total daily dose
- Concomitant diabetes medications
- Patient report of blood glucose ≤ 70
- A1c (included as far back as ≤ 90 days prior to week 0 and anytime available thereafter)

Statistical Design

Inclusion Criteria

- Initiated on SGLT-2i or GLP-1 RA at STLCDPH clinic from 2015 to 2019
- Concomitant insulin therapy at least during first 12 weeks of therapy

Exclusion Criteria

- No recorded weight at week 0 and 12 ± 4 weeks
- Concomitant use of SGLT-2i and GLP-1 RA
- Discontinuation of SGLT-2i or GLP-1 RA before follow-up weight (12 ± 4 weeks after initiation)
- Use of SGLT-2i or GLP-1 RA < 6 months prior to analysis
- History of bariatric surgery
- BMI < 25 kg/m²
- Pregnancy at any time of analysis
- Weight loss drug < 3 months prior to week 0 or at any time during analysis

Primary outcome:

Change in body weight from baseline to week 12

Secondary outcomes:

Change in:

Body weight from baseline to week 20

BMI

A1c

Insulin dose

Presence of hypoglycemic episodes

Blood pressure

Statistical Analysis

Primary endpoint and all continuous secondary endpoints: student t-test

Categorical endpoint: McNemar's test

289 STLCDPH patients on SGLT-2i or GLP-1 RA 2015 to 2019



34 met inclusion criteria
(12 ± 4 week follow-up)
9 SGLT-2i
 5 Canagliflozin
 4 Empagliflozin
25 GLP-1 RA
 13 Dulaglutide
 8 Liraglutide
 4 Exenatide ER

253 did not meet inclusion criteria
118 no concomitant insulin
53 weight outside observation window
17 initiated outside STLCDPH
17 never initiated (cost/formulary)
14 SGLT-2i + GLP-1 RA
13 stopped (adverse event)
9 stopped (reason unidentified)
6 SGLT-2i/GLP-1 RA initiated in previous 6 months
5 never initiated (reason unidentified)
1 Type 1 diabetes



14 met criteria for 20 ± 4 week follow-up
5 SGLT-2i
9 GLP-1 RA

Baseline Demographics

N	34
Age (yrs)	52 ± 10
Sex at birth – no. (%)	
Male	22 (65)
Female	12 (35)
Race – no (%)	
Black or African American	21 (88)
White	13 (38)
Asian	0 (0)
American Indian or Alaska native	0 (0)
Other	0 (0)
Ethnicity – no (%)	
Not Hispanic or Latino	34 (100)
Hispanic or Latino	0 (0)
Body weight (lb)	250.7 ± 67.9
Body mass index (kg/m²)	39.8 ± 9.9
A1c (%)	10.1 ± 2.3
Values are expressed as mean ± SD unless otherwise noted	

Outcomes

Primary Endpoint

Week 12 ± 4 weeks (n=34)	Baseline	Follow-up	Difference from Baseline	Percent Difference from Baseline	P-value
Body weight (lb)	250.7 ± 67.9	248.7 ± 68.5	-2.003 ± 6.4	0.80 ± 2.73	0.077

Values are expressed as mean ± SD unless otherwise noted

Body Weight and BMI

Week 12 ± 4 weeks (n=34)	Baseline	Follow-up	Difference from Baseline	Percent Difference from Baseline	P-value
Body weight (lb)	250.7 ± 67.9	248.7 ± 68.5	-2.003 ± 6.4	0.80 ± 2.73	0.077
Body mass index (kg/m ²)	39.8 ± 9.9	39.52 ± 9.9	-0.309 ± 1.03	-0.709 ± 2.69	0.090
Week 20 ± 4 weeks (n=14)					
Body weight (lb)	252.63 ± 85.8	250.3 ± 87.5	-2.311 ± 9.72	-1.05 ± 4.57	0.390
Body mass index (kg/m ²)	41.06 ± 13.59	40.68 ± 13.68	-0.379 ± 1.66	-0.845 ± 4.58	0.407
Values are expressed as mean ± SD unless otherwise noted					

A1c

Week 12 ± 4 weeks (n=34)	Baseline	Follow-up	Difference from Baseline	P-value
A1c (%)	10.1 ± 2.35	8.59 ± 2.21	-1.536 ± 2.29	0.004
Week 20 ± 4 weeks (n=9)				
A1c (%)	10 ± 2.25	8.29 ± 2.30	-1.711 ± 2.18	0.046
Values are expressed as mean ± SD unless otherwise noted				

Insulin dose, Blood pressure, Hypoglycemia

Week 12 ± 4 weeks (n=34)	Baseline	Follow-up	Difference from Baseline	Percent Difference from Baseline	P-value
Insulin dose (units)	74.38 ± 50.9	68.35 ± 52.53	-6.03 ± 24.48	-5.15 ± 26.84	0.160
Blood pressure (mm Hg)					
Systolic	141 ± 20.4	141 ± 24.8	0 ± 18.2	--	0.88
Diastolic	74 ± 10.4	79 ± 12.4	4.7 ± 8.4		0.003
Presence of hypoglycemia (n=10)	2	4	--	--	0.61
Week 20 ± 4 weeks (n=14)					
Insulin dose (units)	77.62 ± 49.2	72.15 ± 62.06	-5.46 ± 24.95	-7.06 ± 26.64	0.445
Blood pressure (mm Hg)					
Systolic	135 ± 16.4	140 ± 19.6	5 ± 15.7	--	0.24
Diastolic	72.3 ± 10.9	75 ± 13	3.1 ± 12.24		0.35
Presence of hypoglycemia (n=5)	2	1	--	--	1
Values are expressed as mean ± SD unless otherwise noted					

Benefits

- First study to evaluate outcome specifically in medically underserved patients
- Better utilization of funds in medically underserved overweight patients with T2DM

Limitations

- Difficult to determine true start date of treatment
- Presumed adherence to therapy
- Limited study population due to high no-show rate at clinics
- Point of care A1c test performed at clinic goes up to 14%

Conclusions

- No significant change in body weight from SGLT-2i or GLP-1 RA initiation to week 12
- Additional confounding factors of patients in medically underserved areas may blunt weight loss with SGLT-2i or GLP-1 RA therapy

Questions?

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