CV risk not significantly different for GLP-1 receptor agonists

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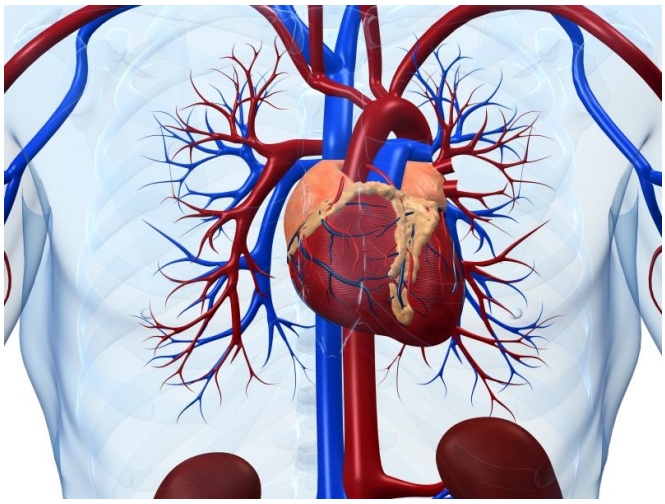

(HealthDay)—There are no significant differences in occurrence of cardiovascular disease (CVD) tied to treatment with glucagon-like peptide-1 receptor agonists (GLP-1 RA) compared with dipeptidyl peptidase-4 inhibitors (DPP-4i), second generation sulfonylureas, or insulin, in combination with metformin, according to a study published online March 22 in *Diabetes, Obesity and Metabolism*.

Elisabetta Patorno, M.D., Dr.P.H., from Brigham and Women's Hospital in Boston, and colleagues used data from a large U.S. commercial health plan database linked to laboratory test results to identify three pairwise 1:1 propensity score (PS)-matched cohorts of type 2 diabetes mellitus patients ?18 years treated with metformin who initiated GLP-1 RA or a comparator—DPP-4i (35,534 patients), second generation sulfonylureas (28,138 patients), or insulin (47,068 patients)—between 2005 and 2013.

The researchers found that over one year, CVD events per 1,000 person-years were similar among PS-matched initiators of GLP-1 RA versus DPP-4i (hazard ratio [HR], 1.02; 95 percent confidence interval [CI], 0.84 to 1.24) and among initiators of GLP-1 RA versus sulfonylureas (HR, 0.86; 95 percent CI, 0.69 to 1.08). For GLP-1 RA versus insulin, results were sensitive to the adjustment for hemoglobin A1c, after which the HR was 1.01 (95 percent CI, 0.73 to 1.41).

"This large study, performing head-to-head comparisons of GLP-1 RA versus other antidiabetic agents in real-world patients, provides estimates of relative safety precise enough to rule out large differences in CVD risk and adds further understanding to results from recent clinical trials," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: Abstract
Full Text (subscription or payment may be required)