

Objective

- Glucagon like peptide-1 receptor agonists (GLP-1 RA) are injectable drugs that serve as a second- or third-line therapeutic option for type 2 diabetes.
- In Taiwan, the currently available GLP-1 RA include **liraglutide** once daily and **dulaglutide** once weekly, but head-to-head comparisons of clinical effectiveness between these medications are inconclusive.
- To fill the research gap, we compared the changes in **glycemic controls** and **weight changes** between liraglutide and dulaglutide in clinical practice.

Method

- Study Design
 - This retrospective cohort study used a multi-institutional electronic medical records database covering 1.3 million individuals or 6% of the population in Taiwan.
- Study population
 - We included adults with type 2 diabetes (ICD-9:250.X0, 250.X2; ICD-10: E11) newly initiating liraglutide (ATC code: A10BJ02) or dulaglutide (ATC code: A10BJ05).
- Study period
 - We included the patients during 2016-2018.
 - We followed these patients from initiation of the two agents to loss of follow-up or August 31, 2019.
- Outcome measurements
 - Change in HbA1c levels after 3-month, 6-month and 12-month therapy.
 - Change in body weights after 3-month, 6-month and 12-month therapy.
- Statistical Analysis
 - We performed multivariable linear regression analysis with adjustment for patients' age, sex, baseline glycemic controls and renal functions, comorbidities and concomitant medications.

Result

- We included a total of 1,670 dulaglutide users and 1,719 liraglutide users with a mean age of 56.7 (SD 13.6) years, of whom 48.1% were men.
- Before initiation of GLP-1 RA, the mean HbA1c levels and body weights were 9.4% (SD 1.7) and 77.8 kg (SD 18.1) at baseline, respectively.
- Baseline demographic and disease characteristics were not balanced between the two groups (Table 1)

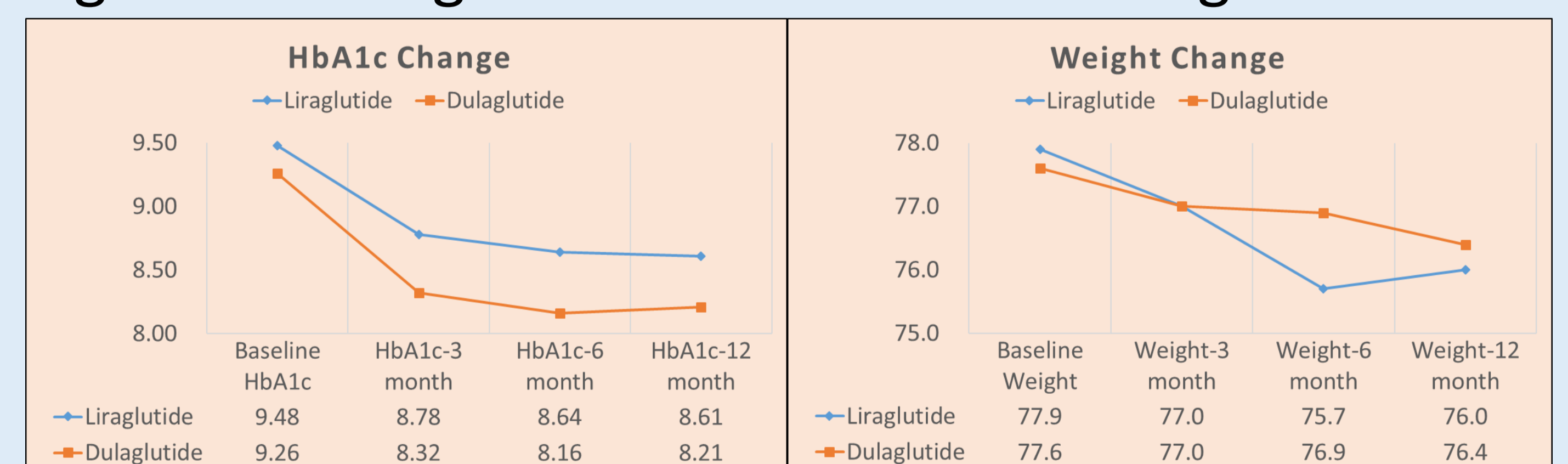
Result

➢ Table 1. Baseline Characteristic

| | Liraglutide | Dulaglutide | P value |
|------------------------------------|--------------|--------------|---------|
| Number | 1719 | 1670 | |
| Age | 56.4±14.2 | 59.9±13.0 | 0.24 |
| Sex (Male) | 49.2% | 46.9% | 0.17 |
| Weight | 77.9±17.9 | 77.6±18.3 | 0.55 |
| SBP | 140.4±21.0 | 140.3±20.2 | 0.55 |
| DBP | 77.8±12.5 | 78.5±12.0 | 0.89 |
| Laboratory data | | | |
| HbA1c (%) | 9.5%±1.7 | 9.3±1.6 | <.01 |
| Cholesterol (mg/dL) | 176.5±46.7 | 176.3±46.4 | 0.89 |
| ACR (mg/g) | 663.4±1564.2 | 447.6±1109.2 | <.01 |
| HDL-C (mg/dL) | 42.5±11.6 | 43.9±12.0 | <.01 |
| Glu.A.C. (mg/dL) | 178.4±70.3 | 177.6±62.6 | 0.75 |
| LDL-C (mg/dL) | 96.3±34.4 | 96.4±32.6 | 0.97 |
| Triglycerin (mg/dL) | 223.2±244.0 | 213.2±258.6 | 0.29 |
| eGFR (ml/min/1.73 m ²) | 79.3±37.55 | 81.1±36.9 | 0.17 |
| ALT (U/L) | 35.4±33.7 | 35.2±29.4 | 0.85 |
| Comorbidity | | | |
| aDCSI | 2.4±2.9 | 1.8±2.5 | <.01 |
| CCI | 2.0±1.9 | 1.8±1.7 | <.01 |
| Hypertension | 65.1% | 63.2% | 0.25 |
| Dyslipidemia | 68.8% | 70.1% | 0.43 |
| Ischemic heart disease | 18.2% | 11.5% | <.01 |
| Heart failure | 6.2% | 3.8% | <.01 |
| Cerebrovascular disease | 7.9% | 6.3% | 0.07 |
| Liver disease | 18.3% | 18.0% | 0.85 |
| COPD | 2.2% | 2.1% | 0.81 |
| CKD | 16.0% | 11.8% | <.01 |
| Co-medication | | | |
| Metformin | 73.6% | 85.5% | <.01 |
| Sulfonylurea | 55.5% | 74.6% | <.01 |
| DPP4i | 59.5% | 68.8% | <.01 |
| TZD | 16.2% | 31.1% | <.01 |
| Alpha glucosidase inhibitors | 19.9% | 27.7% | <.01 |
| Meglitinides | 7.2% | 4.8% | <.01 |
| SGLT2i | 25.4% | 30.8% | <.01 |

- After multivariable adjustment, new dulaglutide users were associated with greater HbA1c reduction but less body weight reduction than new liraglutide users after 3-month therapy. Similar results were found after the 6-month and 12-month therapy.

➢ Figure 1. Changes in HbA1c level and Weights



Conclusion

Liraglutide and dulaglutide differ in their effectiveness for glycemic control and weight loss. Clinicians should consider patients' baseline profiles for specific therapeutic needs when selecting GLP-1 RA.

