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Tirzepatides & Therapeutic Inertia: Highlights from ADA

Dr. Wysham:
Hello, I'm Dr. Carol Wysham, and you're listening to *ADA Action Center* on ReachMD. I'd like to spend a few minutes talking about a couple of topics presented at the 82nd Scientific Sessions of the American Diabetes Association. This meeting is 4 days packed with new research and educational symposium. There were dozens of talks on topics ranging from nutrition to newer therapeutic recommendations for management of type 1 and type 2 diabetes.

Here are a couple of highlights that I'd like to cover. First is tirzepatide, which was recently approved for treatment of patients with type 2 diabetes by the FDA. It is the first GIP GLP-1 dual agonist. Now, GLP-1 receptor agonists have been around for about 15 years. We're all familiar with their mode of action with potent reduction in glucose but also in weight. Additionally, due to their cardiovascular benefits, they have been incorporated into the guidelines for American Diabetes Association, American Association of Clinical Endocrinologists, American Heart Association and the American College of Cardiology as treatment for patients with diabetes and comorbidities of chronic kidney disease or coronary artery disease. However, what many are unfamiliar with is the other important incretin hormone GIP.

Tirzepatide, a molecule that has actions on both the GLP-1 receptor and the GIP-1 is receptor has been studied in 5 studies called the SURPASS studies. In these studies this compound has been shown to have a greater impact on glucose lowering compared to 2 basal insulins as well as compared to 2 GLP-1 receptor agonists, including dulaglutide 1.5 mg and semaglutide 1 mg. In addition, the reduction in weight also exceeds that that was seen with commonly prescribed GLP-1 receptor agonists.

Several subanalyses of the SURPASS studies were reported at this meeting. I presented a poster which demonstrated that the safety and efficacy of tirzepatide is similar when looking at younger versus older subjects. Now, how this new class of medication will be incorporated into the ADA treatment recommendations is yet to be determined. Much will depend upon the outcomes of the cardiovascular outcome trial called SURPASS 6.

Also at this meeting the results of one of the SURMOUNT studies were presented. These studies are evaluating the safety and efficacy of tirzepatide as a treatment for obesity in patients with and without diabetes. The topline results were recently announced showing up to 22 percent weight loss with tirzepatide when added to diet and exercise. Of note, tirzepatide has not been compared with the higher doses of semaglutide nor dulaglutide that are currently available.

Speaking of high-dose GLP-1 receptor agonists, I presented a talk addressing whether or not higher doses of GLP-1 receptor agonists will help address some of the issues related to therapeutic inertia. My argument was that the major barrier to use of GLP-1 receptor agonists are in the initial prescription as well as the patient's persistence with therapy. Much of this has to do with the provider's concerns about availability and cost of these medications as well as a need for patient education on administration. The patients' concerns have to do not only with cost but also some of the side effects of nausea. Once patients are on these medications, I find that the potential for additional reduction in A1c and weight without additional cost is generally well-received.

Well, that's all the time we have for today. For ReachMD, I'm Dr. Carol Wysham. To access this episode and others in our series, visit reachmd.com/adaactioncenter where you can be Part of the Knowledge. Thanks for listening.