EFFECTIVENESS AND SAFETY OF SEMAGLUTIDE IN PATIENTS WITH TYPE 2 DIABETES: REAL-WORLD USAGE DATA

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BACKGROUND AND IMPORTANCE

Semaglutide, a GLP 1-analogue (aGLP 1), is funded in our country for treating type 2 diabetes (DM2) in obese patients (BMI ≥30 kg/m²) with inadequate glycemic control, in combination with oral antidiabetics (ADO) and/or insulin. Both oral and subcutaneous forms have shown efficacy and safety.

AIM AND OBJECTIVES

To evaluate the prescription profile, effectiveness, and safety of semaglutide in DM2 patients treated for over one year without prior GLP 1 therapy.

MATERIALS AND METHODS

- Single-center retrospective study conducted in June 2023 at a second-level hospital.
- Patients treated with semaglutide for over 1 year.
- Variables recorded:
  - Demographics
  - Anthropometrics
  - Clinical factors
  - Analytical measures and Pharmacotherapeutic variables (prior ADO/insulin, concomitant statins).
- Safety was assessed by gastrointestinal (GI) symptoms and cardiovascular events (stroke, myocardial infarction).
- Funding criteria reviewed: 1) DM2 diagnosis, 2) BMI ≥30 kg/m², 3) prior ADO/insulin, 4) poor glycemic control.
- Prescriptions were optimal if all criteria were met.

RESULTS

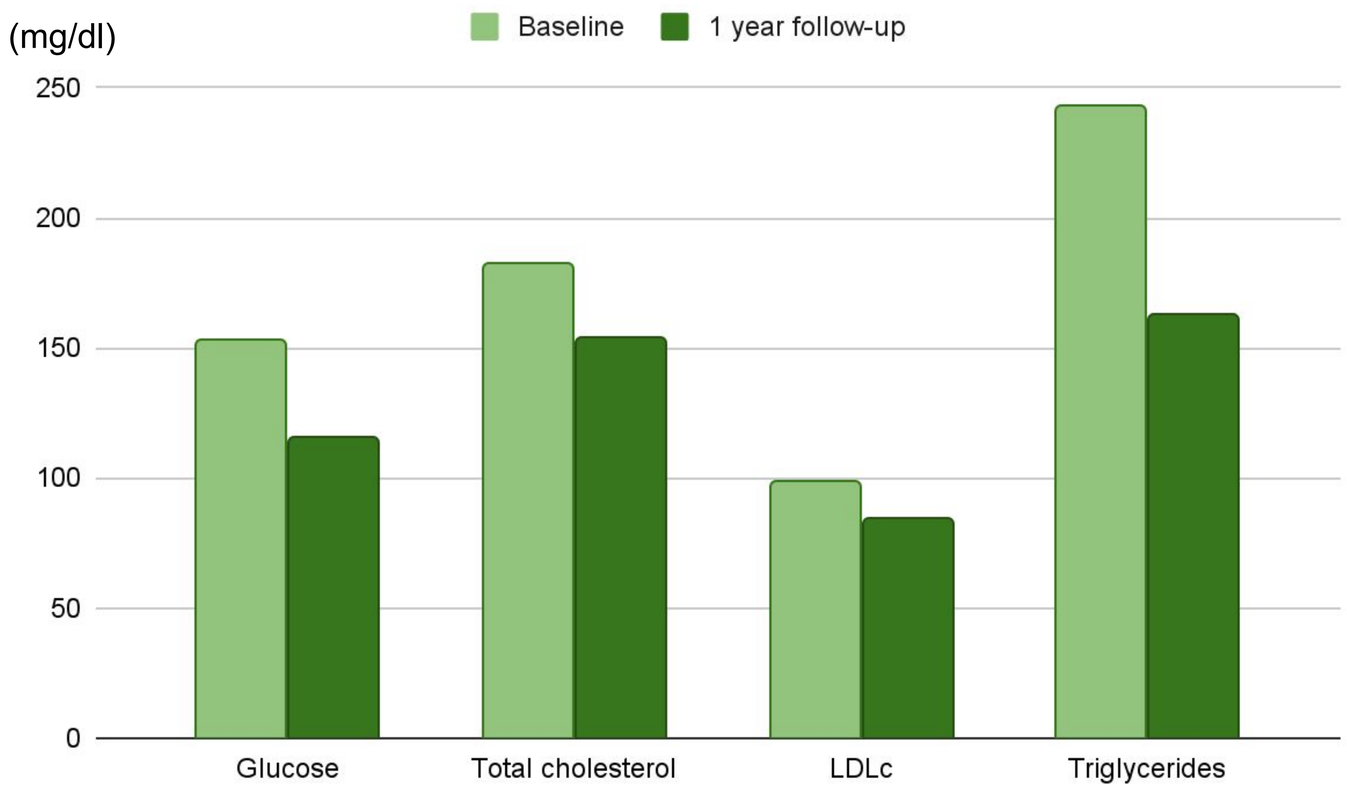
41 DM2 patients
61 % male

- 27% had CVD
- 10% CKD ≤G3
- 76% HbA1c ≥6.5%

Age
60 ± 11 years

Treatment time
696 ± 309 days

Prior ADO/insulin treatment: 88%
Concomitant ADO/insulin treatment: 93%
Treatment with statins: 66%



- **Baseline and final weight (kg):** 103 ± 22 and 93 ± 20
- **Baseline and final BMI (kg/m²):** 36 ± 9 and 33 ± 7
- **HbA1c decreased by 2%, with a 10 kg weight loss and lipid profile improvement**
- GI symptoms occurred in 12% of patients, with no CVD events reported
- **Optimal prescription was seen in 73%**

CONCLUSION AND RELEVANCE

Semaglutide's effectiveness and safety in routine practice align with clinical trial results.

Limitations include small sample size and non-adherence to funding criteria, prompting a hospital compliance circuit.

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