# USE OF LIRAGLUTIDE IN PATIENTS WITH TYPE 2 DIABETES;12 MONTHS OF MONITORING. A REAL LIFE STUDY

Abreu Alin\*, Balcázar Carlos, Ríos Cesar, Castaño Orlando, García Andres, Casanova María, Velasco Margarita

> Centro Médico Imbanaco. Cali-Colombia Universidad Libre. Cali-Colombia

#### ABSTRACT

Prevalence of Type-2 Diabetes (T2D) has increased over time. However, new molecules stablish several treatment options. Liraglutide, a Glucagon-like Peptide-1 receptor agonist (GLP-1) has shown to be effective in decrease glycated hemoglobin (A1c) levels and weight in diabetic patients.

# METHODS

Descriptive, retrospective cohort study, conducted between January-2013 and June-2016, one-year follow-up, 5 visits in a specialized center, in the city of Cali-Colombia. We included 85 outpatients for Liraglutide at a subcutaneous dose of 1.8 miligrams (mg) daily, in adition to standard We treatment. made comparison between the values variables (glycated hemoglobin (A1c), glycemia, weight, body mass index (BMI) and blood pressure (BP)) at admission and the fifth visit (12 months).Paired T-Test were compared, and performed generalized estimation equations and quadratic predictions with confidence intervals.

## RESULTS

The mean age was 59 years old. The onset time of T2D was 6.4 years old. Treatment with Liraglutide showed a decrease in: A1c of 1.8% (95%CI, 1.52-2.04: P<0.0001); basal glycemia of 73 mg/dL (95% CI, 60.29-84.88; P<0.0001); 5.1 kg of body weight (95% CI, 4.66-5.53; P<0.0001);1.6 points BMI (95% CI, 1.44-1.71; P<0.0001), and systolic blood pressure of 6.7 mmHg (95% CI, 0.90-12.45; P=0.024). The main adverse events were nausea (27%), abdominal pain (18%) and hypoglycemia (14%). The largest decrease of A1c ocurred between the first and second visits (3 months), and stabilize over time



Figure 1. The behavior of HbAC1 shows a decrease of 1.8% during follow-up, with greater variation in visits 1 and 3.

### CONCLUSION

Treatment with a dialy dose of Liraglutide-1.8 mg, in combination with standard therapy, showed a decrease in glycated hemoglobin levels and metabolic control in T2D patients.