Exploring the Multifaceted Role of GLP-1 RAs

Transforming Cardiovascular-Kidney-Metabolic (CKM) Health

ARE YOU UP TO DATE WITH GLP-1 RECEPTOR AGONISTS (RAS) FOR CKM?

CASE CHALLENGE

A 54-year-old Asian woman who had a myocardial infarction a year ago asks about medications for weight loss. She has an HbA1c of 6.0%, hypertension, a BMI of 25 mg/kg^2*, and an eGFR of 68 mL/min.

*The World Health Organization (WHO) recommends lower BMI thresholds for Asian populations, ≥ 23 kg/m^2 for overweight and ≥27.5 kg/m^2 for obesity, due to higher cardiometabolic risk at lower BMI levels.

Would you consider a GLP-1 RA for her?

QUICK FACTS

- 1 in 3 U.S. adults has ≥ 3 CKM risk factors
- GLP-1 RAs are now recommended for some patients with chronic kidney disease (CKD), atherosclerotic cardiovascular disease (ASCVD), or obesity regardless of diabetes status

Watch CME Outfitters' 6-episode webcast series on CKM health and GLP-1 RAs to learn more! Complete all 6 activities and claim your badge as a Patient-First Diabetes Management Champion!

CARDIOVASCULAR SYSTEM

- **Reduction in Major Adverse Cardiovascular Events (MACE):** 14% in T2D (dulaglutide, liraglutide, semaglutide); 20% in obesity without T2D (semaglutide, tirzepatide*)
- **Stroke Prevention:** 17% reduction in stroke risk
- **Heart Failure:** Improved symptoms and exercise tolerance in HFpEF (semaglutide*)
- **Blood Pressure:** Modest but meaningful reduction (dulaglutide*, liraglutide*, semaglutide*)

KIDNEYS

- **Reduction of Kidney Disease Events in T2D+ CKD Compared with Standard Care**
  - 22% reduction with liraglutide*
  - 24% reduction with semaglutide
  - 42% reduction with tirzepatide*

*Not FDA-approved for this indication

METABOLIC EFFECTS

Reduction in HbA1c in T2D

- 0.8-1.8% with GLP-1 RAs (dulaglutide, exenatide, liraglutide, semaglutide)
- 2.0-2.4% with GLP-1 RAs/GIP (tirzepatide)

Weight management (obesity/overweight)

- Liraglutide
- Semaglutide
- Tirzepatide (additional indication for OSA)

Metabolic dysfunction-associated steatohepatitis (MASH)

- *"Until the FDA approves GLP-1 RAs for MASH, [any of] these drugs should be considered the preferred treatments for T2D and/or obesity in individuals with MASH."* ~2025 Global Consensus Recommendations for Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) and Steatohepatitis
- Liraglutide, semaglutide, and tirzepatide have positive data in MASH

BMI = body mass index; eGFR = estimated glomerular filtration rate; T2D = type 2 diabetes; HFpEF = heart failure with preserved ejection fraction; GIP = gastric inhibitory polypeptide; OSA = obstructive sleep apnea.

Want your questions answered? Ask the experts!

Scan or click the QR code to submit a question for a chance to have it answered during a live webinar.

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