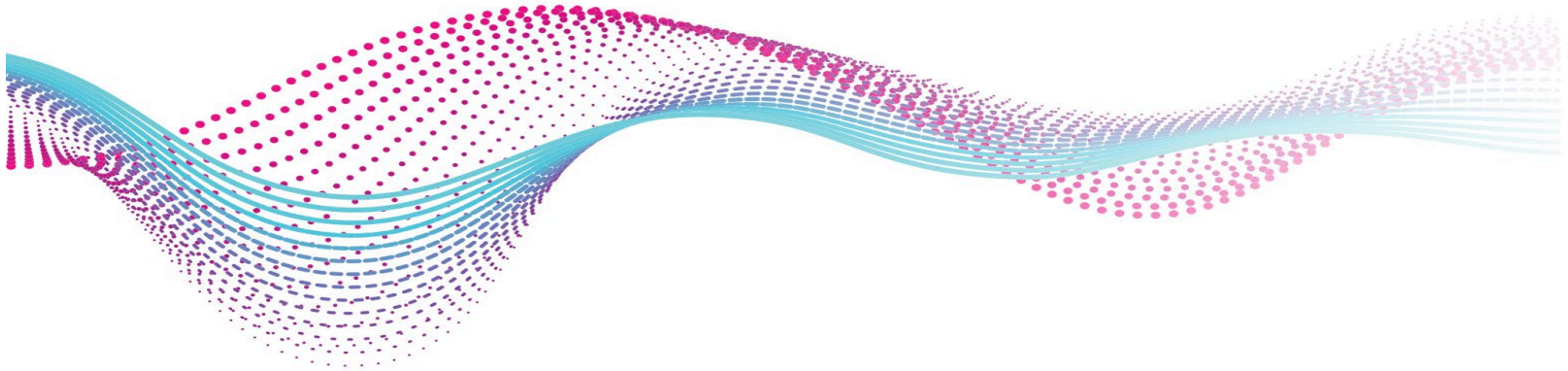
CONGRESSO REGIONALE
SID-AMD
Calabria
2024

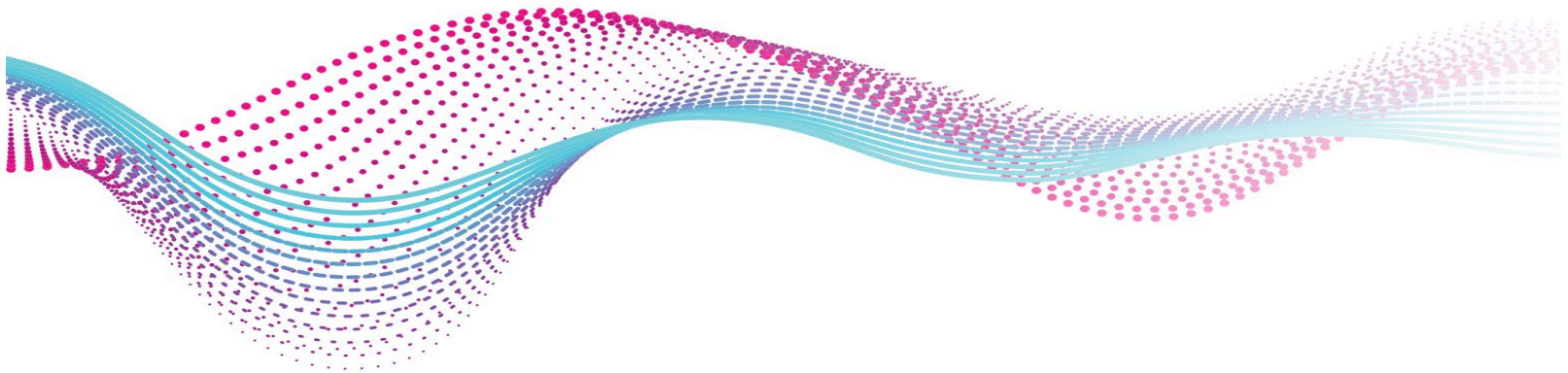
GLP1 – RA (glucagon-like peptide 1): Il farmaco giusto al momento giusto!



Concetta Nadia Arico'
U.O.C. Diabetologia ed Endocrinologia
G.O.M. Reggio Calabria

Il /la dr./sa Concetta Nadia Arico’ dichiara di NON aver ricevuto negli ultimi due anni compensi o

finanziamenti da Aziende Farmaceutiche e/o Diagnostiche



Dichiara altresì il proprio impegno ad astenersi, nell’ambito dell’evento, dal nominare, in qualsivoglia modo o forma,
aziende farmaceutiche e/o denominazione commerciale e di non fare pubblicità di qualsiasi tipo relativamente a
specifici prodotti di interesse sanitario (farmaci, strumenti, dispositivi medico-chirurgici, ecc.).

Linea Guida della Società Italiana di Diabetologia (SID) e dell'Associazione dei Medici Diabetologi (AMD)

La terapia del diabete mellito di tipo 2

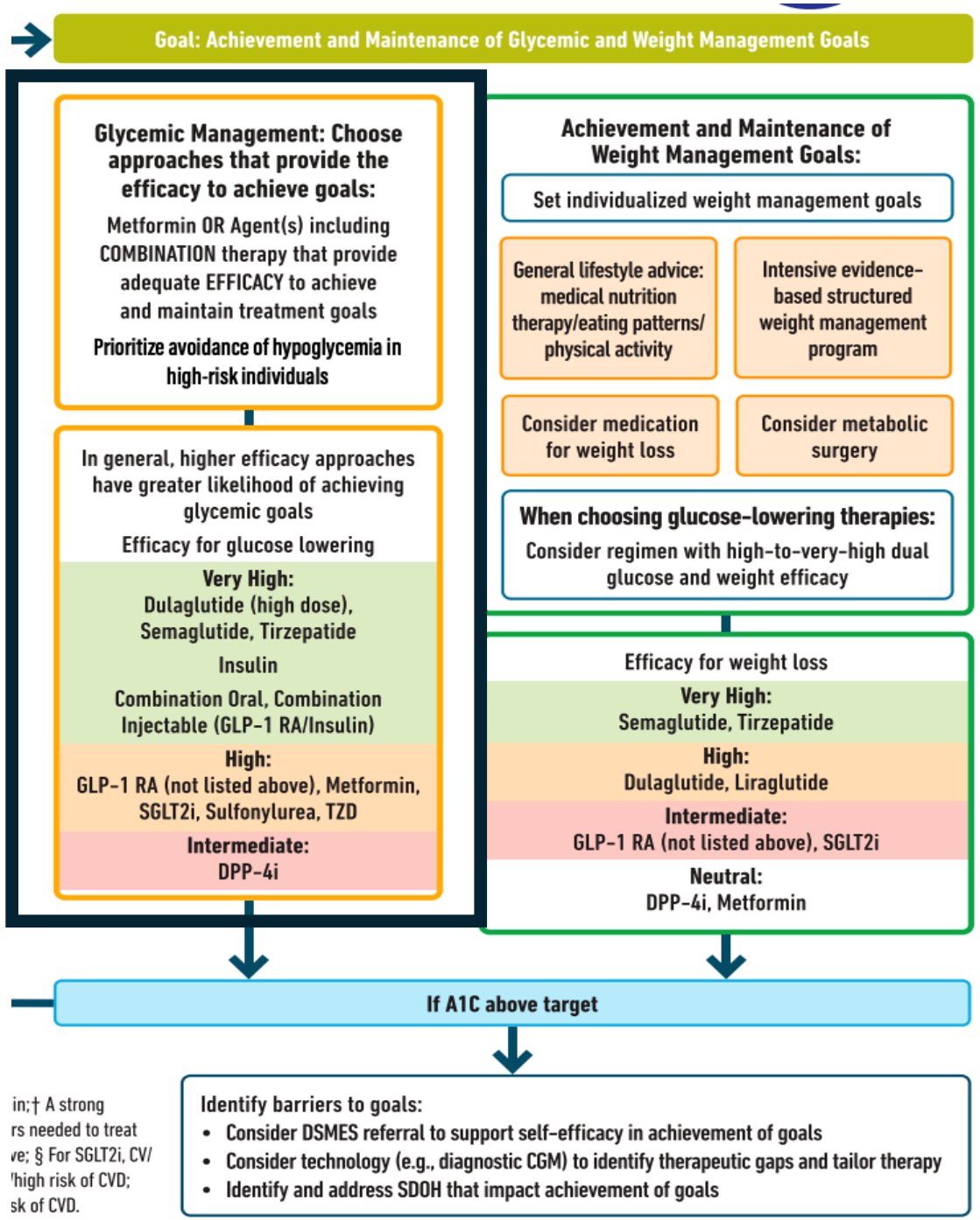
Versione aggiornata a dicembre 2022

- «livelli di HbA1c più bassi, con meno ospedalizzazioni per complicanze croniche del diabete, quando ottenuti con farmaci non associati ad ipoglicemia."

Framework for considering treatment goals for glycemia….in older adults with diabetes

9. Pharmacologic Approaches to Glycemic Treatment: *Standards of Care in Diabetes—2024*

Diabetes Care 2024;47(Suppl. 1):S158–S178 | https://doi.org/10.2337/dc24-S009



9. Pharmacologic Approaches to Glycemic Treatment: *Standards of Care in Diabetes—2024*

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PCDS
Primary Care Diabetes Society

2023

GLP-1 RAs with proven CV benefit: liraglutide, semaglutide s.c., dulaglutide, efpeglenatide.

Waiting for SOUL

2015

Cardiovascular, mortality, and kidney outcomes with GLP-1 receptor agonists in patients with type 2 diabetes: a systematic review and meta-analysis of randomised trials

Naveed Sattar*, Matthew M Y Lee*, Søren L Kristensen*, Kelley R H Branch, Stefano Del Prato, Nardev S Khurmi, Carolyn S P Lam, Renato D Lopes, John J V McMurray, Richard E Pratley, Julio Rosenstock, Hertzel C Gerstein

Lancet Diabetes Endocrinol 2021
9: 653–62

98 articles screened,
8 trials
60 080 patients

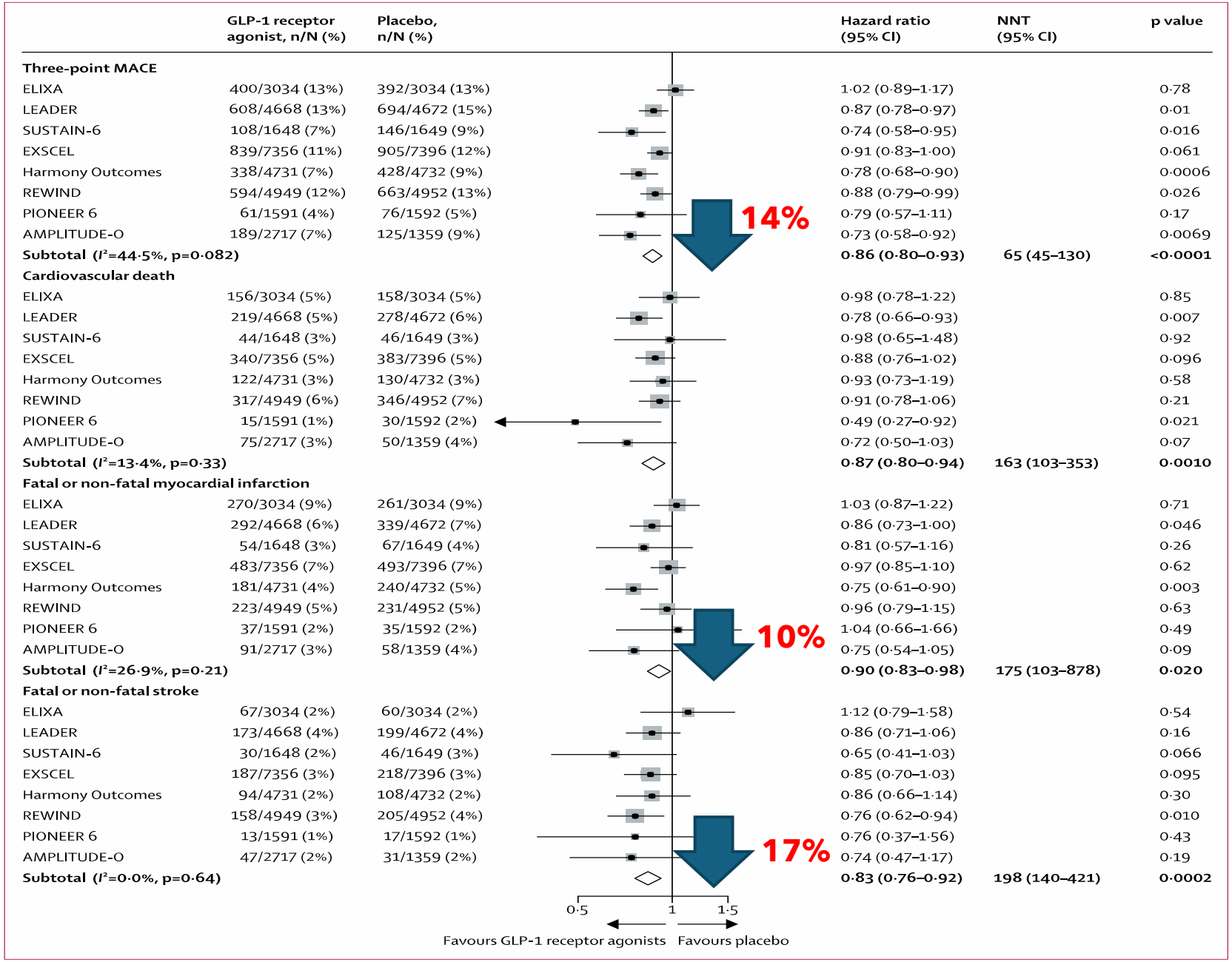
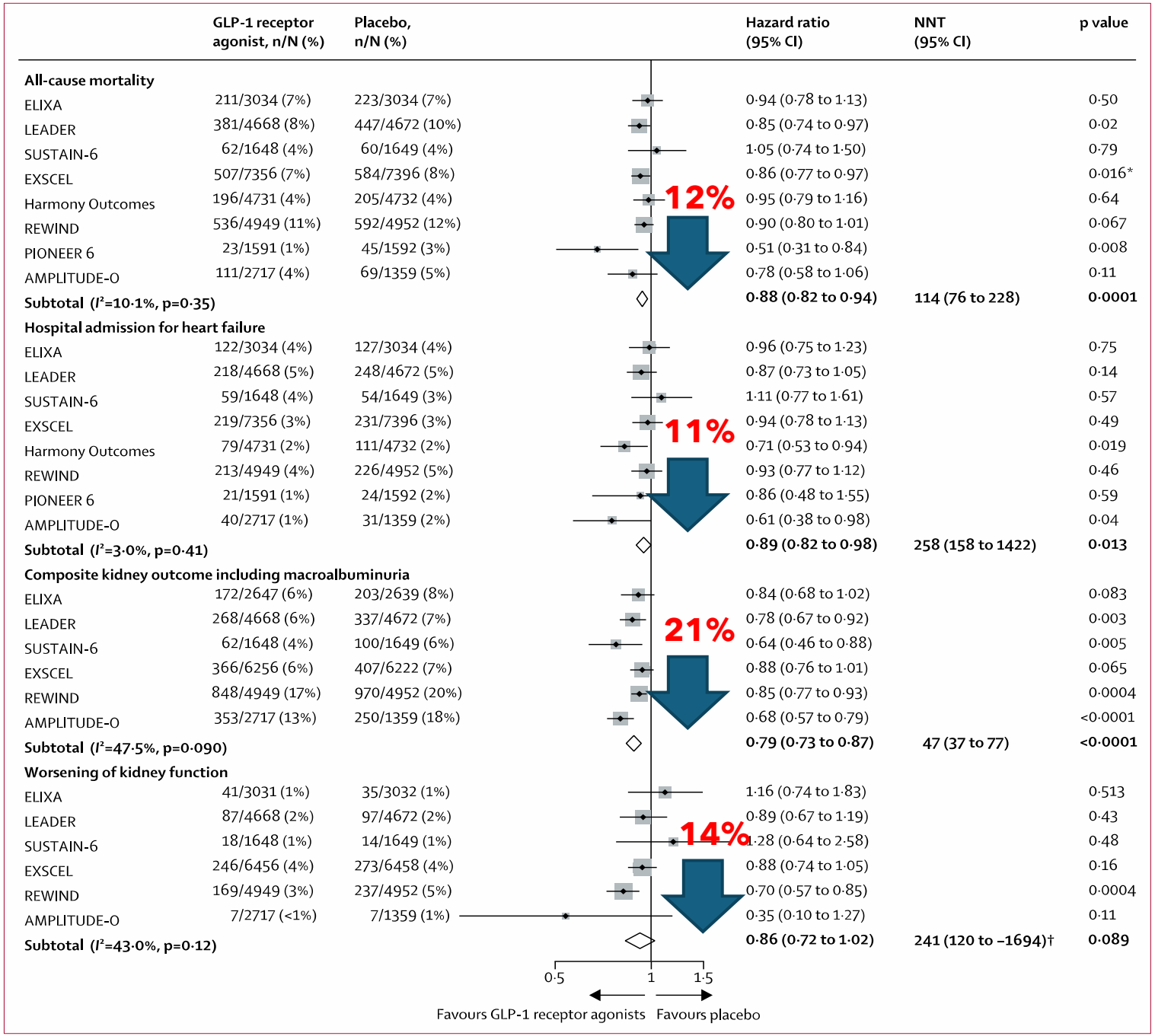


Figure 2: **Risk of MACE and each of its components**
Weights are from random effects analysis. In addition to primary cardiovascular outcome results papers, data were extracted from additional sources.[2,20] AMPLITUDE-O data were provided by the authors. Three-point MACE consisted of cardiovascular death, myocardial infarction, and stroke. NNTs were calculated over a weighted

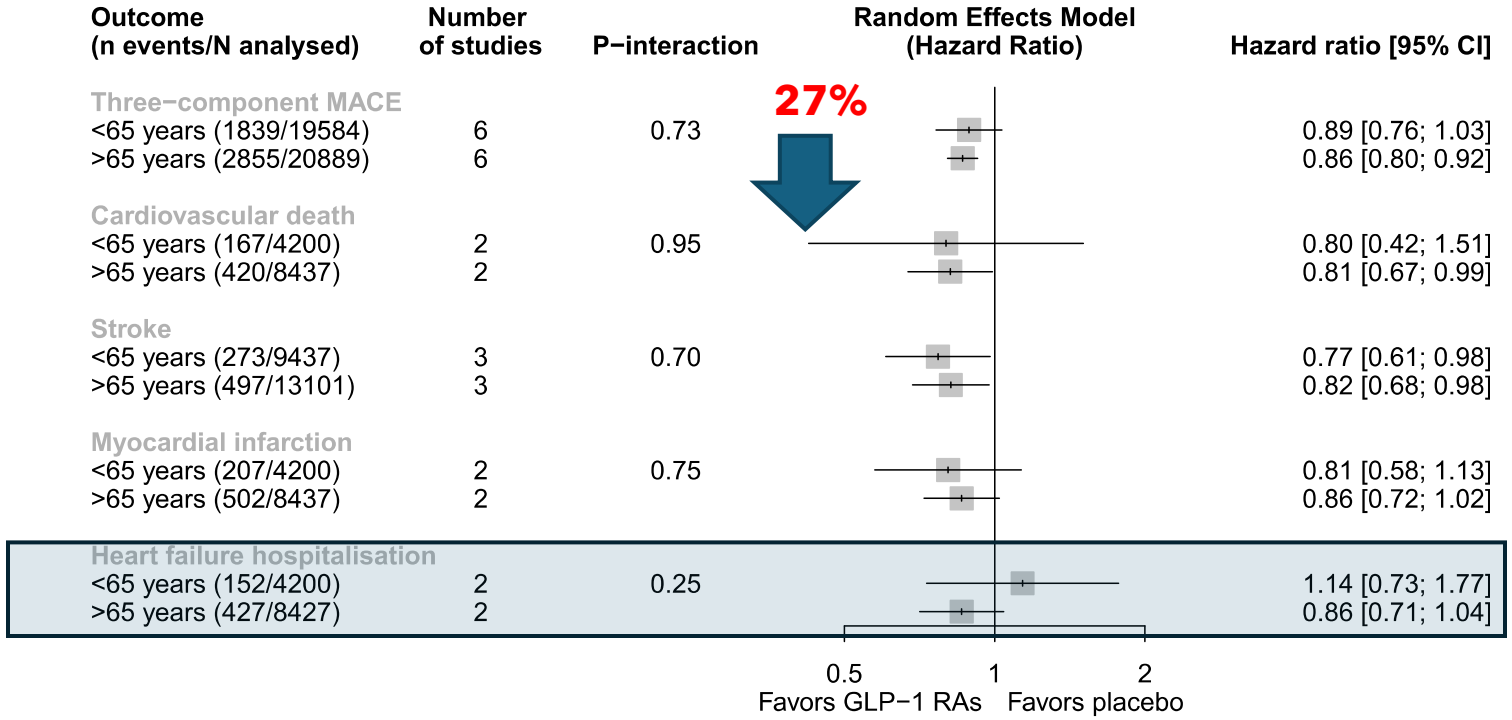
Cardiovascular, mortality, and kidney outcomes with GLP-1 receptor agonists in patients with type 2 diabetes: a systematic review and meta-analysis of randomised trials

Naveed Sattar, Matthew M Y Lee*, Søren L Kristensen*, Kelley R H Branch, Stefano Del Prato, Nardev S Khurmi, Carolyn S P Lam, Renato D Lopes, John J V McMurray, Richard E Pratley, Julio Rosenstock, Hertzel C Gerstein*

GLP-1 receptor agonists, homology to human GLP-1 or exendin-4, reduced the risk of individual MACE components, all-cause mortality, hospital admission for heart failure, and worsening kidney function in patients with type 2 diabetes.



GLP-1 receptor agonists and SGLT2 inhibitors for older people with type 2 diabetes: A systematic review and meta-analysis



[b] Composite kidney outcome was comprised of development of macroalbuminuria, doubling of serum creatinine or an eGFR of ≤40 mL/min/1.73 m^2, kidney replacement therapy, or death due to kidney disease. LEADER

[c] Composite kidney outcome was comprised of persistent macroalbuminuria, doubling of serum creatinine or an eGFR of ≤45 mL/min/1.73 m^2, or kidney replacement therapy. SUSTAIN-6

[d] Composite kidney outcomes included kidney replacement therapy or death due to kidney disease. EXSCEL

[e] Composite kidney outcome included development of macroalbuminuria, a sustained ≥30% decline in eGFR, or kidney replacement therapy. REWIND

[f] Composite kidney outcome included development of macroalbuminuria, increase in albumin-to-creatinine ratio of >30%, a sustained ≥40% decline in eGFR, end-stage kidney disease, or death due to any cause. AMPLITUDE

ORIGINAL ARTICLE

Diabetes mellitus and risk of dementia: A meta-analysis of prospective observational studies

Kapil Gudala[1], Dipika Bansal[1]*, Fabrizio Schifano[2], Anil Bhansali[3]

ABSTRACT

Aims/Introduction: The aim of the present study was to investigate the association between diabetes and the risk of all type dementia (ATD), Alzheimer's disease (AD) and vascular dementia (VaD).

Materials and Methods: Prospective observational studies describing the incidence of ATD, AD and VaD in patients with diabetes mellitus were extracted from PubMed, EMBASE and other databases up to January 2012. Pooled relative risk (RR) estimates and 95% confidence intervals (CIs) were calculated using the random-effects model. Subgroup analyses and sensitivity analysis were also carried out.

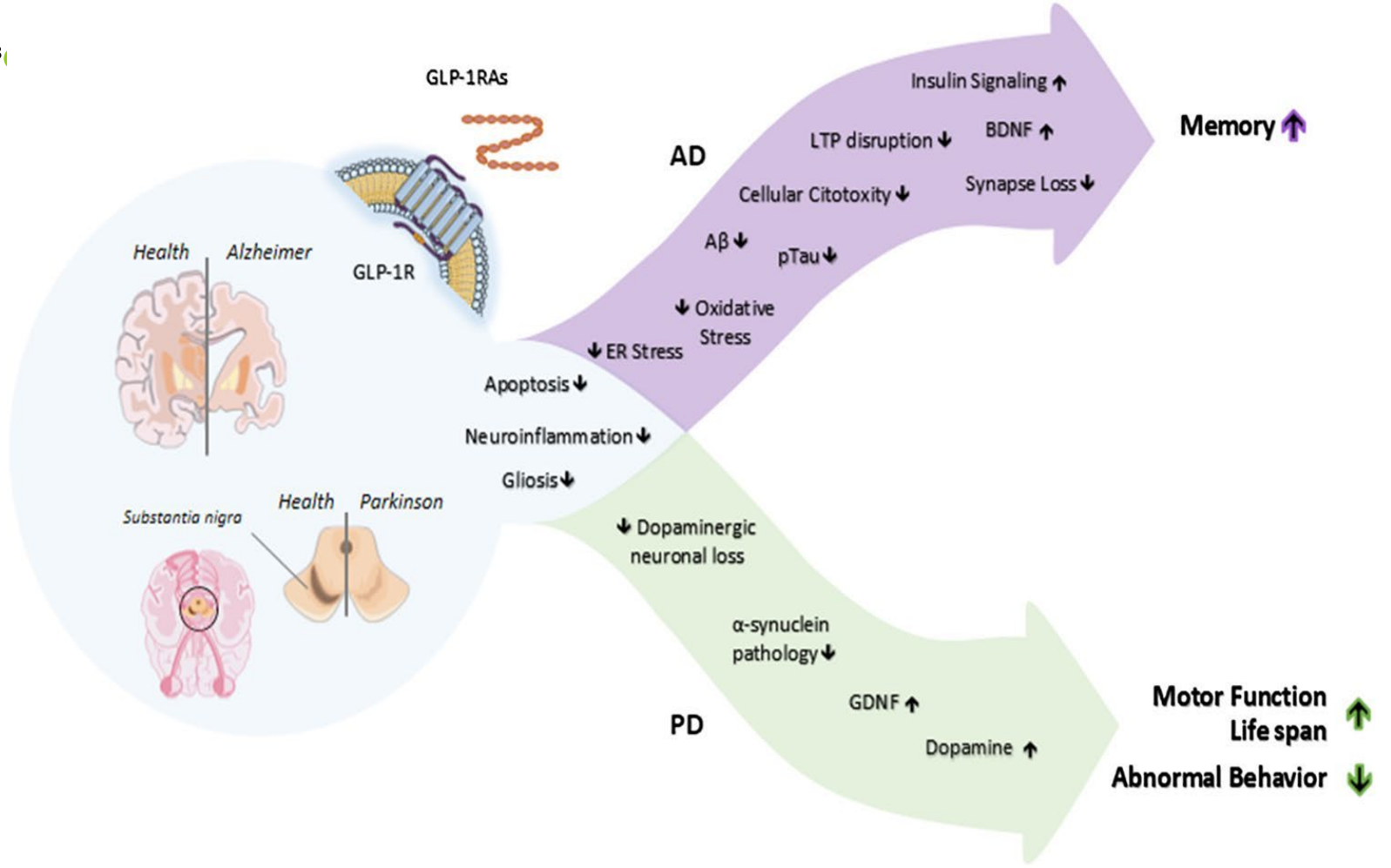
Results: A total of 28 studies contributed to the analysis. Pooled RR of developing ATD (n = 20) was 1.73 (1.65–1.82, I^2 = 71.2%), AD (n = 20) was 1.56 (1.41–1.73, I^2 = 9.8%) and VaD (n = 13) was 2.27 (1.94–2.66, I^2 = 0%) in patients with diabetes mellitus. Higher and medium quality studies did not show any significant difference for pooled RR for ATD, AD or VaD. Sensitivity analyses showed robustness of pooled RR among ATD, AD and VaD, showing no single study had a major impact on pooled RR.

Conclusions: The results showed a 73% increased risk of ATD, 56% increase of AD and 127% increase of VaD in diabetes patients. (J Diabetes Invest, doi: 10.1111/jdi.12087, 2013)

LEADING ARTICLE

Neuroprotective Actions of Glucagon-Like Peptide-1 (GLP-1) Analogues in Alzheimer's and Parkinson's Diseases

Andre F. Batista[1] · Victor Bodart-Santos[1,2] · Fernanda G. De Felice[1,3]



GLP-1 Receptor Agonists in Neurodegeneration: Neurovascular Unit in the Spotlight

by Giulia Monti [1], Diana Gomes Moreira [2], Mette Richner [1], Henricus Antonius Maria Mutsaers [3], Nelson Ferreira [1] and Asad Jan [1,*]

[1] Department of Biomedicine, Aarhus University, Høegh-Guldbergs Gade 10, DK-8000 Aarhus, Denmark

[2] VIB-KU Leuven Center for Brain & Disease Research, Herestraat 49, 3000 Leuven, Belgium

[3] Department of Clinical Medicine, Aarhus University, Palle Juul-Jensens Boulevard 82, DK-8200 Aarhus, Denmark

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Cells **2022**, *11*(13), 2023; https://doi.org/10.3390

Clinical trials	*Trial ID*			
AD	NCT02140983	Liraglutide	Increased connectivity in the default mode network	[85]
	NCT01469351	Liraglutide	Improved cerebral glucose uptake	[86,87]
	NCT01843075	Liraglutide		[88]
	NCT01255163	Exenatide	Improved cognition	[89]
	NCT04777396	Semaglutide	No significant changes in cognition	
	NCT04777409	Semaglutide	Recruiting	
			Recruiting	
PD	NCT01971242	Exenatide	Improved motor and cognitive outcomes	[90]
	NCT01174810	Exenatide		[91]
	NCT02953665	Liraglutide	Improved motor and cognitive outcomes	
	NCT03439943	Lixisenatide	Active	
	NCT04154072	Exenatide	Active	
	NCT03659682	Semaglutide	Active	
			Not yet recruiting	

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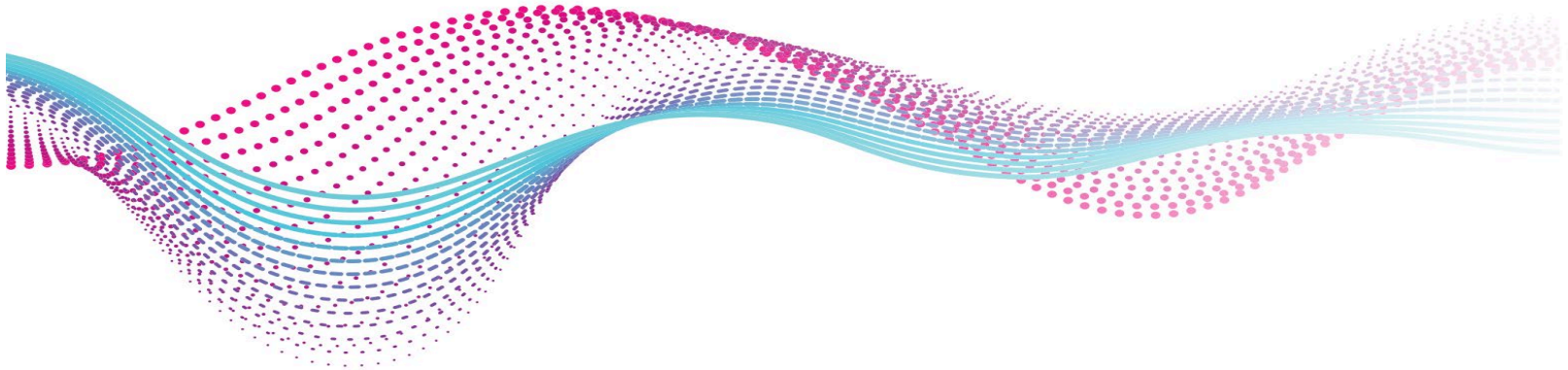

Grazie