Is the latest evidence for cardiovascular protection with glucose‐lowering medicines being implemented in clinical practice?

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Aims Recent trials show glucose‐lowering drug classes; sodium glucose co‐transporter inhibitors (SGLT2i) and glucagon‐like peptide 1 receptor agonists (GLP1 RA), reducing cardiovascular events in patients with type 2 diabetes and established cardiovascular disease (CVD). The aim was to discover what proportion of people with type 2 diabetes and CVD, were prescribed these medications in a secondary care diabetes clinic, using the trial inclusion/exclusion criteria as the audit standard.

Methods People with type 2 diabetes attending clinics from 01/01/2017 to 31/12/2018 were identified through the Aintree University Hospital diabetes clinic database. Inclusion/exclusion criteria were defined by diabetes type, and the presence of CVD. One in ten randomly selected patients from each group had their present/absent diagnosis of CVD confirmed by electronic case‐notes. Medication of those with CVD was reviewed against current evidence and guidance.

Results Out of 1353 people with type 2 diabetes, 419 had established CVD: 73 were on a SGLT2i (n=43), GLP1 RA (n=30), or combination (n=8). Dapagliflozin (n=20) and liraglutide (n=23) were most frequently prescribed within their respective classes. In patients with CVD, an additional 37% (n=155) would meet criteria for the relevant trials and might benefit from SGLT2i/GLP1 RA treatment.

Conclusion In the studied population of people with type 2 diabetes and established CVD, SGLT2i and GLP1 RA remain under prescribed. Over 35% of eligible patients haven't been considered for the initiation of a SGLT2i or GLP1 RA. This indicates local/national guidance should be updated and use of these medications considered for appropriate patients attending secondary care diabetes clinics.