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Effectiveness and Safety of Add-on Once-Daily Liraglutide (1.2 mg) in Type 2 Diabetes Patients with Obesity: Data from a Real-World Cohort of Iraqi Patients

ABSTRACT

Objective: This study aimed to evaluate real-world effectiveness and safety of once-daily liraglutide (1.2 mg) as an add-on to oral antidiabetic drugs (OADs) and/or insulin, in type 2 diabetes (T2D) patients with obesity in Iraq.

Materials and methods: A total of 55 T2D patients with obesity (mean \pm SD age: 46.5 ± 8.7 years, 60% were females) initiating once-daily liraglutide (1.2 mg) as an add-on to OADs and/or insulin were included in this prospective cohort study. Change in body weight and serum HbA1c levels, and the insulin and sulfonylurea (SU) requirement were recorded during 24-week liraglutide therapy.

Results: Liraglutide yielded significant reduction in HbA1c values (from $10.7 \pm 2.0\%$ at baseline to $8.7 \pm 2.4\%$ and $8.1 \pm 1.6\%$ at weeks 12 and 24, respectively, $p < 0.001$ for each) and body weight (from

112.0 ± 19.6 kg at baseline to 109 ± 19.1 kg, 102 ± 16.9 kg and 97.0 ± 15.8 kg at weeks 4, 12 and 24, respectively, $p < 0.001$ for each). SU was stopped in 9/17 (52.9%) patients, and insulin therapy was discontinued in 15/44 (34%) patients after liraglutide treatment, and either with discontinuation or switch to basal insulin, 22/34 (64.7%) patients were no longer requiring prandial insulin (premixed and basal/bolus). No unexpected safety or tolerability issues occurred. **Conclusions:** In conclusion, our findings support the consideration of liraglutide as a favorable intensifying therapy in T2D patients with obesity and metformin failure, given that it enables a sustained HbA1c and body weight reduction even at 1.2 mg once-daily dose, alongside the potential benefits in reducing SU and insulin requirements with no serious side effects. (Clin Diabetol 2024; 13, 3: 140–147)

Keywords: type 2 diabetes, obesity, liraglutide 1.2 mg daily dose, efficacy, real-world, Iraq

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Introduction

Obesity is a strong risk factor and a frequent comorbidity of type 2 diabetes (T2D), with presence of overweight or obesity in up to 85.2% of T2D patients at the time of diagnosis [1, 2]. Both obesity and T2D are associated with high susceptibility to diseases as-