

Medication type for diabetes may affect severe COVID-19 outcomes

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(HealthDay)—The use of certain classes of diabetes medications prior to

severe COVID-19 infection is associated with lower mortality in patients with diabetes, according to a study published online June 16 in *Diabetes Care*.

Anna R. Kahkoska, Ph.D., from the University of North Carolina at Chapel Hill, and colleagues compared premonitory glucagon-like peptide-1 receptor agonist (GLP1-RA) and sodium-glucose cotransporter 2 inhibitor (SGLT2i) use versus premonitory dipeptidyl peptidase 4 inhibitor (DPP4i) use regarding severity of outcomes with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. Analysis included 12,446 individuals identified through the National COVID Cohort Collaborative data set (January 2018 to February 2021) with a prescription for GLP1-RA, SGLT2i, or DPP4i within 24 months of positive SARS-CoV-2 polymerase chain reaction test.

The researchers found that 60-day [mortality](#) was 3.11 percent overall, but varied according to premonitory medication use (2.06 percent with GLP1-RA use, 2.32 percent with SGLT2i use, and 5.67 percent with DPP4i use). There was lower 60-day mortality with both GLP1-RA and SGLT2i use versus DPP4i use (odds ratios, 0.54 and 0.66, respectively). There were similar associations observed between use of both medications and total mortality, [emergency room visits](#), and hospitalizations.

"Among SARS-CoV-2-positive adults, premonitory GLP1-RA and SGLT2i use, compared with DPP4i use, was associated with lower odds of mortality and other adverse outcomes, although DPP4i users were older and generally sicker," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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