

Adding tirzepatide to insulin glargine ups glycemic control in T2DM

February 10 2022



(HealthDay)—The addition of subcutaneous tirzepatide versus placebo

to titrated insulin glargine results in significant improvements in glycemic control among patients with type 2 diabetes and inadequate glycemic control, according to a study published in the Feb. 8 issue of the *Journal of the American Medical Association*.

Dominik Dahl, M.D., from Gemeinschaftspraxis für Innere Medizin und Diabetologie in Hamburg, Germany, and colleagues randomly assigned adults with type 2 diabetes receiving [insulin glargine](#), who had inadequate [glycemic control](#), to receive once-weekly subcutaneous injections of 5-mg, 10-mg, or 15-mg tirzepatide (116, 119, and 120, respectively) or volume-matched placebo (120 adults) over 40 weeks.

The researchers found that treatment was discontinued prematurely by 10, 12, 18, and 3% of participants in the tirzepatide 5-mg, 10-mg, and 15-mg groups and [placebo group](#), respectively. From baseline to week 40, the mean hemoglobin A1c (HbA1c) change was -2.11, -2.40, and -2.34% with 5-mg, 10-mg, and 15-mg tirzepatide, respectively, versus -0.86% with placebo. From baseline, the mean change in body weight was -5.4, -7.5, -8.8, and 1.6 kg with 5-mg, 10-mg, and 15-mg tirzepatide and placebo, respectively. Compared with those treated with placebo, higher percentages of patients treated with tirzepatide had HbA1c less than 7 % (85 to 90% versus 34%).

"The results from the current study provide clinically relevant information relative to the use of tirzepatide in combination with a basal insulin that should be of help to clinicians when this [treatment option](#) is considered," the authors write.

Several authors disclosed financial ties to [pharmaceutical companies](#), including Eli Lilly, which manufactures tirzepatide and funded the study.

More information: Dominik Dahl et al, Effect of Subcutaneous Tirzepatide vs Placebo Added to Titrated Insulin Glargine on Glycemic

Control in Patients With Type 2 Diabetes, *JAMA* (2022). [DOI: 10.1001/jama.2022.0078](https://doi.org/10.1001/jama.2022.0078)

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