

Tirzepatide improves kidney outcomes in T2DM with increased CV risk

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An exploratory analysis of data from the SURPASS-4 trial has shown

that adults with type 2 diabetes and increased cardiovascular risk receiving tirzepatide experience fewer renal complications, especially new onset of macroalbuminuria; these findings were presented at the annual meeting of the American Diabetes Association, held from June 3 to 7 in New Orleans.

Hiddo L. Heerspink, Ph.D., Pharm.D., from the University Medical Center Groningen in the Netherlands, and colleagues compared progression to prespecified kidney end points between tirzepatide and [insulin glargine](#) among 1,995 participants with type 2 diabetes and increased [cardiovascular risk](#).

The researchers found that participants receiving tirzepatide versus insulin glargine experienced significantly fewer renal outcomes, especially new onset of macroalbuminuria (hazard ratio, 0.41). The risk for composite end point 1 (estimated glomerular filtration rate decline ≥ 40 percent from baseline, renal death, progression to end-stage renal disease, and new onset macroalbuminuria) was significantly lower with tirzepatide (hazard ratio, 0.59).

"With these exploratory findings of SURPASS-4, we are seeing the results of combined gastric inhibitory polypeptide/glucagon-like peptide-1 receptor agonists on the kidney function of patients with type 2 diabetes for the very first time," Heerspink said in a statement. "The findings will be of interest to physicians treating people with diabetes who may have chronic kidney disease."

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

More information: [American Diabetes Association annual meeting](#)

HIDDO L. HEERSPINK et al, 17-OR: ADA Presidents' Select Abstract:

Effects of Tirzepatide vs. Insulin Glargine 100 U/mL on Kidney Outcomes in Participants with Type 2 Diabetes in SURPASS-4, *Diabetes* (2022). [DOI: 10.2337/db22-17-OR](https://doi.org/10.2337/db22-17-OR)

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