

GLP1 receptor agonists do not up risk for complications after emergency surgery

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The risk for postoperative respiratory complications is similar among patients undergoing emergency surgery regardless of preoperative glucagon-like peptide 1 receptor agonist (GLP-1 RA) use, according to a research letter published online April 22 in the *Journal of the American Medical Association*.

Anjali A. Dixit, M.D., M.P.H., from Stanford University in California, and colleagues used a claims database to evaluate the risk for postoperative respiratory complications among patients with type 2 [diabetes](#) and a prescription fill for GLP-1 RAs who underwent one of 13 emergency surgeries. The analysis included data identified from the Merative MarketScan Commercial Database (2015 through 2021).

The researchers found that among 23,679 patients with diabetes and [emergency surgery](#), 14.8 percent had a GLP-1 RA fill. A GLP-1 RA fill was associated with a greater likelihood of being male, using more antidiabetic agents, and having diagnoses of obesity.

The overall incidence of postoperative respiratory complications was similar for those with a GLP-1 RA fill and those without (3.5 versus 4.0 percent; odds ratio, 0.85; 95 percent confidence interval, 0.70 to 1.04). Findings were similar in an adjusted analysis (odds ratio, 1.03; 95 percent confidence interval, 0.82 to 1.29).

"Results of this study suggest that liberalizing the withholding guidelines for GLP-1 RAs preoperatively should be considered," the authors write.

More information: Anjali A. Dixit et al, Preoperative GLP-1 Receptor Agonist Use and Risk of Postoperative Respiratory Complications, *JAMA* (2024). [DOI: 10.1001/jama.2024.5003](https://doi.org/10.1001/jama.2024.5003)

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