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Demographic, clinical, financial factors tied to GLP-1 agonist discontinuation

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Specific demographic, clinical, and financial characteristics are associated with glucagon-like peptide 1 (GLP-1) receptor agonist discontinuation, according to a research letter published online May 24 in *JAMA Network Open*.

Duy Do, Ph.D., from the Evernorth Research Institute in St. Louis, and colleagues estimated the prevalence of GLP-1 agonist discontinuation among new users with type 2 diabetes or obesity and the patient characteristics associated with discontinuation. Analysis included data from 195,915 adults with continuous health insurance enrollment and 17 months of follow-up identified through the Komodo Healthcare Map database.

The researchers found that the overall prevalence of GLP-1 agonist discontinuation was 26.2 percent at three months, 30.8 percent at six months, and 36.5 percent at 12 months. There was a higher prevalence of discontinuation for patients with obesity at 12 months, compared to those with type 2 diabetes only or those with both (50.3, 35.8, and 34.2 percent, respectively).

Higher odds of discontinuation at 12 months were seen among patients who were Black or Hispanic, male, and Medicare or Medicaid enrollees; lived in areas with very high levels of social needs; had obesity only, heart failure, or other cardiovascular conditions at baseline; and had new gastrointestinal adverse effects at follow-up. Lower odds of discontinuation were seen among older versus younger patients.

Each one-percentage point increase in out-of-pocket cost per a 30-day supply of GLP-1 agonist was associated with increased odds of discontinuation (odds ratio, 1.02).

"Discontinuation could have policy and medication coverage implications, especially if the weight reduction is not sustained after medications are discontinued," the authors write.

More information: Duy Do et al, GLP-1 Receptor Agonist Discontinuation Among Patients With Obesity and/or Type 2 Diabetes, *JAMA Network Open* (2024). DOI:

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