

Popular diabetes drugs may reduce the risk of dementia

June 21 2024, by Felicia Lindberg



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People with type 2 diabetes who are treated with GLP-1 agonists have a decreased risk of developing dementia, according to a new study from Karolinska Institutet [published](#) in the journal *eClinicalMedicine*.

Drugs known as GLP-1 agonists or GLP-1 analogs have become increasingly popular in treating type 2 diabetes and obesity as they help control blood sugar, promote weight loss and protect the heart.

People with type 2 diabetes have an increased risk of developing dementia and it's been hypothesized that newer diabetes drugs such as GLP-1 agonists and DPP-4 inhibitors might have a protective effect.

In the new register-based study, researchers followed more than 88,000 older individuals with type 2 diabetes for up to ten years. Using a [study design](#) called target trial emulation, which imitates a randomized clinical trial, they analyzed the association between three diabetes drugs (GLP-1 agonists, DPP-4 inhibitors or sulfonylureas) and the risk of dementia.

Can help doctors make better decisions

They found that patients who used GLP-1 agonists had a 30% lower risk of developing dementia compared to those who used sulfonylureas, and a 23% lower risk compared to those who used DPP-4 inhibitors.

"This is important because it can help doctors make better decisions about which medicines to use for [older patients](#) with type 2 [diabetes](#)," says Bowen Tang, a Ph.D. student in Sara Hägg's research group at the Department of Medical Epidemiology and Biostatistics, Karolinska Institutet. "However, proper randomized trials are needed to establish with certainty that GLP-1 agonists reduce the risk of [dementia](#)."

More information: Bowen Tang et al, Comparative effectiveness of glucagon-like peptide-1 agonists, dipeptidyl peptidase-4 inhibitors, and sulfonylureas on the risk of dementia in older individuals with type 2 diabetes in Sweden: an emulated trial study, *eClinicalMedicine* (2024). [DOI: 10.1016/j.eclinm.2024.102689](https://doi.org/10.1016/j.eclinm.2024.102689)

Provided by Karolinska Institutet

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