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GLP1RAs tied to greater risk of diabetic retinopathy progression than SGLT2is

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In patients with diabetes and established diabetic retinopathy (DR), treatment with glucagon-like peptide 1 receptor agonists (GLP1RAs) is associated with increased risks of DR progression compared with

sodium-glucose cotransporter 2 inhibitors (SGLT2is), according to a study published online July 19 in *Diabetes, Obesity and Metabolism*.

Donna Shu-Han Lin, M.D., from Shin Kong Wu Ho-Su Memorial Hospital in Taipei, Taiwan, and colleagues examined the effects of GLP1RAs and SGLT2is on the development or progression of DR. Analysis included 1,517 patients treated with a GLP1RA with DR and 9,549 without DR and 3,034 patients treated with an SGLT2i with DR and 19,098 without DR.

The researchers found that in patients with preexisting DR, the incidence of any DR progression event was significantly higher in the GLP1RA group than the SGLT2i group (subdistribution hazard ratio, 1.50). This risk of progression was driven by increased risk of tractional RD. In patients without DR at baseline, the groups had similar risk for all ocular outcomes.

"The hazards of retinal events associated with GLP1RA use are probably accentuated in those with a higher baseline risk; whether this is related to more rapid glycemic control with GLP1RA use remains to be elucidated," the authors write.

More information: Donna Shu-Han Lin et al, Incidence and progression of diabetic retinopathy in patients treated with glucagon-like peptide-1 receptor agonists versus sodium-glucose cotransporter 2 inhibitors: A population-based cohort study, *Diabetes, Obesity and Metabolism* (2024). DOI: 10.1111/dom.15788

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