

GLP-1 RA use linked to lower rates of hyperkalemia in type 2 diabetes

August 13 2024, by Elana Gotkine



Treatment with glucagon-like peptide 1 receptor agonists (GLP-1 RAs) is associated with lower rates of hyperkalemia and a lower rate of renin-angiotensin system inhibitor (RASi) discontinuation compared with

treatment with dipeptidyl peptidase-4 inhibitors (DPP-4is) among patients with type 2 diabetes (T2D), according to a study [published](#) online Aug. 12 in *JAMA Internal Medicine*.

Tao Huang, from Peking University in Beijing, and colleagues compared rates of [hyperkalemia](#) and RASi persistence among new users of GLP-1 RAs versus users of DPP-4is in a [cohort study](#) including adults with T2D who initiated GLP-1 RA or DPP-4i treatment between Jan. 1, 2008, and Dec. 31, 2021. Data were included for 33,280 individuals: 13,633 using GLP-1 RAs and 19,647 using DPP-4is.

The median time receiving treatment was 3.9 months. The researchers found that GLP-1 RA use was associated with a lower rate of any hyperkalemia and moderate-to-severe hyperkalemia compared with DPP-4i use (hazard ratios, 0.61 and 0.52, respectively).

Overall, 1,381 of the 21,751 participants using RASis discontinued this therapy. GLP-1 RA use was associated with a lower rate of RASi discontinuation compared with DPP-4i use (hazard ratio, 0.89). In intention-to-treat analyses and across strata of age, sex, cardiovascular comorbidity, and baseline kidney function, results were consistent.

"Treatment with GLP-1 RAs may enable wider use of the guideline-recommended cardioprotective and renoprotective medications and contribute to improving clinical outcomes in this population," the authors write.

More information: Tao Huang et al, GLP-1RA vs DPP-4i Use and Rates of Hyperkalemia and RAS Blockade Discontinuation in Type 2 Diabetes, *JAMA Internal Medicine* (2024). [DOI: 10.1001/jamainternmed.2024.3806](#)

Citation: GLP-1 RA use linked to lower rates of hyperkalemia in type 2 diabetes (2024, August 13) retrieved 16 August 2024 from <https://medicalxpress.com/news/2024-08-glp-ra-linked-hyperkalemia-diabetes.html>

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