Tirzepatide for type 2 diabetes associated with lower risks for mortality, adverse heart, kidney events

August 12 2024, by Elana Gotkine

For patients with type 2 diabetes, treatment with tirzepatide (a dual glucagon-like peptide 1 and glucose-dependent insulinotropic
polypeptide receptor agonist) is associated with lower risks for all-cause mortality and adverse cardiovascular and kidney events compared with glucagon-like peptide 1 receptor agonist treatment (GLP-1 RA), according to a study published online Aug. 12 in *JAMA Network Open*.

Min-Hsiang Chuang, M.D., from the Chi Mei Medical Center in Tainan, Taiwan, and colleagues conducted a retrospective cohort study using U.S. Collaborative Network of TriNetX data from individuals with type 2 diabetes aged 18 years or older initiating tirzepatide or GLP-1 RA between June 1, 2022, and June 30, 2023. Data were included for 14,834 patients treated with tirzepatide and 125,474 treated with GLP-1 RA.

The researchers found that 0.6 and 1.1 percent of patients in the tirzepatide and GLP-1 RA groups, respectively, died after a median follow-up of 10.5 months. Tirzepatide treatment was associated with a lower risk for all-cause mortality, major adverse cardiovascular events (MACEs), the composite of MACEs and all-cause mortality, kidney events, acute kidney injury, and major adverse kidney events (adjusted hazard ratios, 0.58, 0.80, 0.76, 0.52, 0.78, and 0.54, respectively). Compared with GLP-1 RA, treatment with tirzepatide was associated with greater decreases in glycated hemoglobin (treatment difference, –0.34 percentage points) and body weight (treatment difference, –2.9 kg).

"These insights advocate for the integration of tirzepatide into therapeutic strategies for managing type 2 diabetes and highlight its potential to enhance current clinical practice," the authors write.

**More information:** Min-Hsiang Chuang et al, Clinical Outcomes of Tirzepatide or GLP-1 Receptor Agonists in Individuals With Type 2 Diabetes, *JAMA Network Open* (2024). DOI: [10.1001/jamanetworkopen.2024.27258](https://doi.org/10.1001/jamanetworkopen.2024.27258)
Citation: Tirzepatide for type 2 diabetes associated with lower risks for mortality, adverse heart, kidney events (2024, August 12) retrieved 16 August 2024 from https://medicalxpress.com/news/2024-08-tirzepatide-diabetes-mortality-adverse-heart.html

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