SGLT2 inhibitors and GLP1 receptor antagonists improve type-2 diabetes outcomes, but are not cost effective
4 October 2022

Department of Medicine created an individual patient-level model to simulate the lifetime incidence, prevalence, mortality, and costs associated with having type-2 diabetes. They created several treatment outcomes, including the first-line use of metformin and second-line use of SGLT2 or GLP1, the first-line use of SGLT2, and the first-line use of GLP1. After conducting analyses, the authors found that first-line SGLT2 inhibitors and GLP1 receptor agonists had lower lifetime rates of congestive heart failure, ischemic heart disease, myocardial infarction, and stroke compared with metformin. However, they also found that the costs for SGLT2 inhibitors would need to be reduced by 70 percent and by 90 percent for oral GLP1 receptor agonists to be cost-effective compared to metformin. According to the authors, their study results indicate the need to reduce SGLT2 inhibitor and GLP1 receptor agonist medication costs substantially for patients with type 2 patients to improve health outcomes and prevent exacerbating diabetes health disparities.


Provided by American College of Physicians
APA citation: SGLT2 inhibitors and GLP1 receptor antagonists improve type-2 diabetes outcomes, but are not cost effective (2022, October 4) retrieved 13 November 2022 from https://medicalxpress.com/news/2022-10-sglt2-inhibitors-glp1-receptor-antagonists.html

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.