

Real-World Clinical Effectiveness of Glucagon-Like Peptide-1 Receptor Agonist on Mild-to-Moderate Diabetic Kidney Disease in Patients with Type 2 Diabetes: A Retrospective, Single-Arm Clinical Trial [Letter]

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Dear editor

I recently read the article entitled “Real-World Clinical Effectiveness of Glucagon-Like Peptide-1 Receptor Agonist on Mild-to-Moderate Diabetic Kidney Disease in Patients with Type 2 Diabetes: A Retrospective, Single-Arm Clinical Trial”, which was published in the journal of Diabetes, Metabolic Syndrome and Obesity.¹ This study provides statistical and more importantly clinically significant values.

Firstly, I would like to congratulate the authors and acknowledge their successful work.

The article states that a six-month treatment with a Glucagon-Like Peptide-1 Receptor Agonist (GLP-1RA) significantly improved risk factors in patients with mild to moderate Diabetic Kidney Disease (DKD) while slowing down kidney disease progression, furthermore, reducing proteinuria even in patients taking Angiotensin-Converting Enzyme Inhibitors or angiotensin II receptor blockers, with earlier the use enhancing faster outcomes. These results are of immense importance because of the high prevalence of diabetes and DKD and novel therapeutics treating these chronic diseases.

Secondly, I would like to point out that long-acting GLP-1RA like Dulaglutide is indicated in patients with T2D and CKD who have not achieved individualized glycemic targets despite the use of metformin and Sodium-glucose cotransporter-2 inhibitors treatment, or who are unable to use those medications.² GLP-1 agonists are most often expensive injectable medications and this may preclude their use because of patient preferences, whilst ignoring the renoprotective effects as shown before, enhancing the importance of using a long-acting medication like Dulaglutide, increasing its use even as an adjuvant treatment to first-line therapy and lifestyle treatment controlling side effects like hypoglycemia.

Finally, these results presented should be interpreted with caution, thus we should take into consideration the limitations as mentioned in the article; this was a non-controlled study, and multiple interventions were used concomitantly with GLP-1RA treatment, also as a retrospective study there may be confounding factors that cannot introduce causation at first. It will be interesting to know if the patients started with a low dose of GLP-1 RA, and titrated up slowly, considering that side effects are dose-dependent and may vary across GLP-1 formulations.³

To conclude, this publication supports evidence-based clinical practice with Real-World clinical effectiveness contributing to updating medical guidelines worldwide, ultimately leading to improving patients' health.

Disclosure

The author reports no conflicts of interest in this communication.

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