

## Patients with type 1 diabetes saw blood sugars improve with liraglutide

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Researchers from the Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo have found that adding liraglutide to insulin treatment for patients with type 1 diabetes results not only in better blood sugar control but simultaneous improvements in blood pressure, body weight and the amount of insulin patients need to take.

They reported their findings last Sunday at the annual meeting of the American Diabetes Association in Orlando, Florida.

"In 2011, we reported a small study with 14 participants showing that adding liraglutide to the insulin regimen of well-controlled type 1 <u>diabetes patients</u> resulted in many benefits," said Paresh Dandona, MD, Ph.D., SUNY Distinguished Professor and chief of the Division of Endocrinology, Diabetes and Metabolism in the Jacobs School and senior author on the study. Dandona sees patients at UBMD Internal Medicine.

"Now we have completed a larger study that again demonstrates that adding liraglutide to the insulin regimen significantly benefits the type 1 diabetic patient."

The 52-week, randomized double-blinded, placebo-controlled clinical trial involved 26 men and women who received a daily injection of liraglutide and 20 who received placebo for 26 weeks; after that, the trial was unblinded and those who had had the placebo were switched to the drug, while those on liraglutide continued to receive it. Ages ranged



from 30 to 75 years.

Patients taking liraglutide saw 0.57 percent (from 7.9 to 7.45) reduction in their hemoglobin A1c, a measure of sugar in the blood, compared to placebo. Patients taking the drug also needed a significantly lower dose of insulin. There was also a reduction in systolic <u>blood pressure</u> and weight loss averaging about 8 pounds over the duration of the study with liraglutide.

Dandona pointed out there was no significant increase in hypoglycemic episodes. Thus, liraglutide induced an improvement in diabetic control, along with a reduction in blood pressure and <u>body weight</u> without causing hypoglycemia.

Provided by University at Buffalo

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