

# Adding tirzepatide to insulin glargine ups glycemic control in T2DM

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(HealthDay)—The addition of subcutaneous tirzepatide versus placebo

to titrated insulin glargine results in significant improvements in glycemic control among patients with type 2 diabetes and inadequate glycemic control, according to a study published in the Feb. 8 issue of the *Journal of the American Medical Association*.

Dominik Dahl, M.D., from Gemeinschaftspraxis für Innere Medizin und Diabetologie in Hamburg, Germany, and colleagues randomly assigned adults with type 2 diabetes receiving [insulin glargine](#), who had inadequate [glycemic control](#), to receive once-weekly subcutaneous injections of 5-mg, 10-mg, or 15-mg tirzepatide (116, 119, and 120, respectively) or volume-matched placebo (120 adults) over 40 weeks.

The researchers found that treatment was discontinued prematurely by 10, 12, 18, and 3% of participants in the tirzepatide 5-mg, 10-mg, and 15-mg groups and [placebo group](#), respectively. From baseline to week 40, the mean hemoglobin A1c (HbA1c) change was -2.11, -2.40, and -2.34% with 5-mg, 10-mg, and 15-mg tirzepatide, respectively, versus -0.86% with placebo. From baseline, the mean change in body weight was -5.4, -7.5, -8.8, and 1.6 kg with 5-mg, 10-mg, and 15-mg tirzepatide and placebo, respectively. Compared with those treated with placebo, higher percentages of patients treated with tirzepatide had HbA1c less than 7 % (85 to 90% versus 34%).

"The results from the current study provide clinically relevant information relative to the use of tirzepatide in combination with a basal insulin that should be of help to clinicians when this [treatment option](#) is considered," the authors write.

Several authors disclosed financial ties to [pharmaceutical companies](#), including Eli Lilly, which manufactures tirzepatide and funded the study.

**More information:** Dominik Dahl et al, Effect of Subcutaneous

Tirzepatide vs Placebo Added to Titrated Insulin Glargine on Glycemic Control in Patients With Type 2 Diabetes, *JAMA* (2022). [DOI: 10.1001/jama.2022.0078](https://doi.org/10.1001/jama.2022.0078)

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