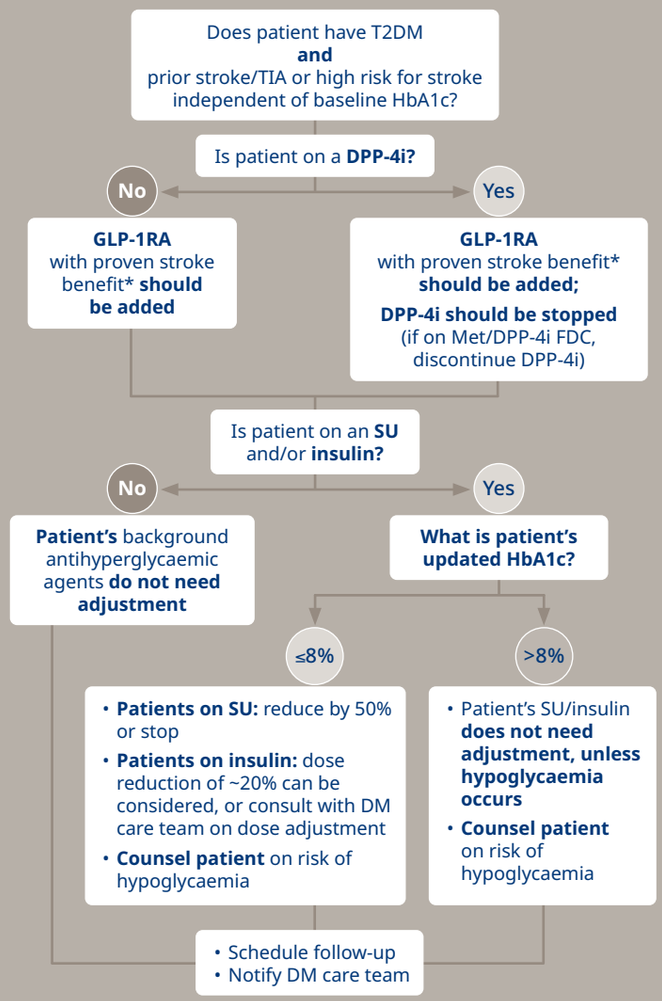
Stroke reduction strategy: A practical guide to initiate and manage **GLP-1RAs** for your type 2 diabetes patients

Stroke prevention is crucial in the management of patients with T2DM.[1]

GLP-1RAs, a potent class of antihyperglycaemic agents, were shown to reduce the incidence of stroke in patients with T2DM.[1]

Proposed algorithm for prescribing GLP-1RAs[1]



***There is evidence to support the use of dulaglutide 1.5 mg QW and semaglutide 0.5 or 1 mg QW in reducing stroke risk.**

Guides to prescribing GLP-1RAs based on FAQs

Metabolic benefits of GLP-1RAs

Semaglutide and dulaglutide were associated with improvements in HbA1c, body weight and systolic BP[1]

Titrating dulaglutide and sc semaglutide

Starting dose:
Dulaglutide[2]
0.75 mg QW for ≥4 wks, then increase to 1.5 mg QW
Semaglutide[3]
0.25 mg QW, increase to 0.5 mg QW after 4 wks, after another 4 wks increase to 1 mg QW possible

Tips for minimising nausea

The dose can be temporarily reduced until nausea improves[1]

Background SU or insulin therapy

If HbA1c <8%,
• wean or stop SU,
• reduce total daily insulin dose by ~20%[1]

If HbA1c ≥8%,
• no adjustment needed[1]

Dose adjustment for antihyperglycaemic agents

Discontinue DPP-4i before starting a GLP-1RA[1]

Concern for diabetic retinopathy

Prior to starting therapy, advise patients to undergo appropriate eye exams as recommended by guidelines (if not done within the last 12 months)[1]

Addressing injection fears/concerns

First self-injections in presence of a health care provider should be encouraged[1]

When should prescription be avoided?

Prescription should be avoided in patients with diabetic gastroparesis or active gallbladder disease[1]

Follow-up visit schedule

A follow-up visit within 3 months after GLP-1RA initiation is recommended[1]

BP, blood pressure; DM, diabetes mellitus; DPP-4i, dipeptidyl peptidase-4 inhibitor; FAQ, frequently asked question; FDC, fixed-dose combination; GLP-1RA, glucagon-like peptide 1 receptor agonist; HbA1c, haemoglobin A1c; Met, metformin; QW, once weekly; sc, subcutaneous; SU, sulfonylurea; T2DM, type 2 diabetes mellitus; TIA, transient ischaemic attack.

1. Goldenberg RM, et al. Benefits of GLP-1 (glucagon-like peptide 1) receptor agonists for stroke reduction in type 2 diabetes: A call to action for neurologists. *Stroke* 2022;53:1813–22;
2. TRULICITY® Prescribing Information. Status of information September 2021, www.swissmedicinfo.ch;
3. OZEMPIC® Prescribing Information. Status of Information October 2021, www.swissmedicinfo.ch.

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