

# WEIGHT LOSS EFFICIENCY ON LOW-DOSE, SLOW-LOADING GLP1 ANALOGUE THERAPY - LIRAGLUTIDE

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# BACKGROUND

- SCALE trial (2015)
  - Patients titrated over 6 weeks to 3mg s.c. injection daily liraglutide
  - Median weight loss was 5% in 2/3 and 10% in 1/3 of patients.
  - The rapid titration is associated with greater adverse events (AEs).
- In the Cork Clinic, we titrate slowly to a max dose of 1.8mg/day to reduce AEs.
- We were keen to see how well patients responded to this low-dose, slow-loading regimen.
- Rationale: cost efficiency, tolerability and adherence.
- Our observations were that outcomes at this dose equated the SCALE trial. Ethics approval.

# METHODOLOGY

- Retrospective database review using SOCRATES database
- Inclusion criteria
  - Patients attending the Cork Clinic, aged  $\geq 18$  years
  - Initiated on liraglutide from Jan 2021 - May 2023, titrated to a modified dose of 1.8mg/day
- Data was analysed in the Cork Clinic, using an Excel sheet and SPSS version 29.
- **Aim:** To evaluate the response in all patients titrated to 1.8mg/day liraglutide at 6 months and determine % weight loss incurred
- **Primary outcome of interest - % weight loss at the modified dose**

# DEMOGRAPHICS- Data Collection

## Age

- 23 -79
- Median 46

## Median pretreatment weight

- 108.8kg

## Median % weight loss

- 7%
- Range 0-26%

## Gender

- 89 women
- 8 men

## Initial BMI

- Median 37.55 [Range 27.3 – 60]
- Only recorded for 32 patients

## Median follow-up weight

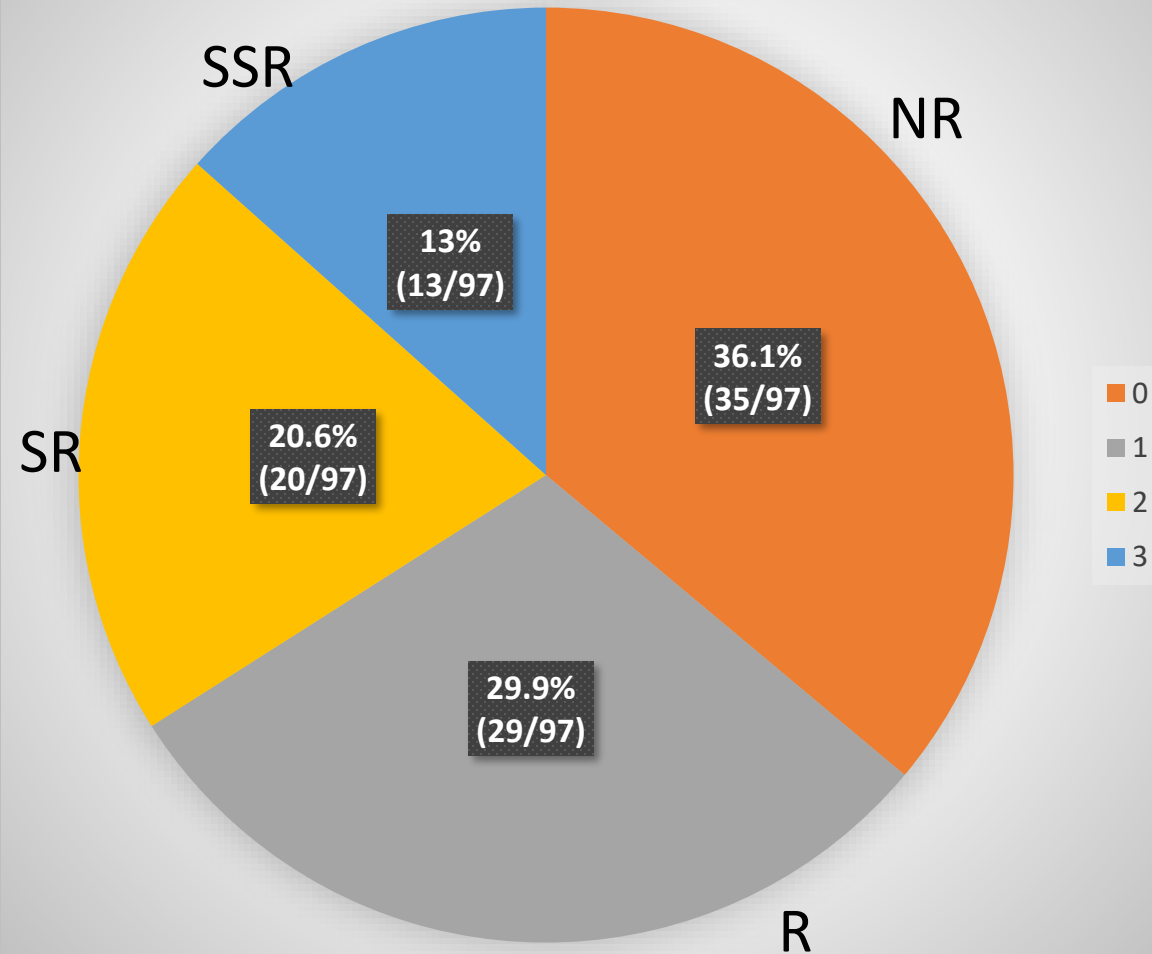
- 102kg

## Median weight loss (kg)

- 7.1kg
- 0-30kg

# RESULTS

RESPONSE STATUS



% weight loss	Response status given
36.1%	Non-responder <5%
29.9%	Responder 5-9%
20.6%	Super responder ≥10%
13%	Super super responder ≥15%

**63.5%** lost **≥5%** initial body weight  
**33.6%** lost **≥10%** of their weight

# DISCUSSION

% Weight loss	SCALE TRIAL 3.0mg liraglutide	OUR STUDY 1.8mg liraglutide
≥ 5%	63.2%	63.5%*
≥ 10%	33.1%	33.6%*
≥ 15%	14.5%	13%*

- Effective weight loss at 1.8mg/day liraglutide.
- Benefits: Weight loss + CV benefit, ↓ AEs & cost.
- Treatment is a lifelong commitment & studies have shown weight gain on stopping drugs.
- A modified dose will last longer and incur less cost with similar benefits to full dose.
- We need to be realistic about cost, availability and efficacy in this unstable market.

\*Paired t-test significant @  $p < 0.001$

\*Related-samples Wilcoxon Signed Rank significant @  $p < 0.001$