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MEDBRIEF

Can Tirzepatide Put Type 2 Diabetes Into Remission?

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TOPLINE:

In people with type 2 diabetes (T2D), tirzepatide raised the odds of achieving normoglycaemia by more than 16-fold.

METHODOLOGY:

- Data were pooled from nine phase 2/3 randomised controlled trials with a total of 10,121 participants with T2D randomly assigned either to tirzepatide (5, 10, or 15 mg, once weekly) or to the control group (placebo or active comparator).
- The primary efficacy outcome was the achievement of A1c levels ≤ 5.7% (as in the trials).

TAKEAWAY:

- Tirzepatide treatment vs control resulted in more than a 16-fold increased odds for achieving normoglycaemia (odds ratio [OR], 16.81; $P < .001$).
- No differences in tirzepatide efficacy for achieving normoglycaemia were seen by comparator (placebo, insulin, other glucagon-like peptide-1 [GLP-1] agonist; subgroup $P = .07$).
- All tirzepatide doses led to significantly higher odds for achieving A1c levels ≤ 5.7% compared with control, but there were differences by dose:
  - 5 mg: OR, 9.90; $P < .0001$.
  - 10 mg: OR, 15.52; $P < .0001$.
  - 15 mg: OR, 27.20; $P < .0001$.
- Tirzepatide was not superior to GLP-1 receptor agonists for achieving A1c ≤ 5.7%, whereas its use was associated with significantly greater odds for normoglycaemia; however, no

subgroup difference was documented (subgroup $P = .26$).

IN PRACTICE:

"It seems that tirzepatide is a drug that will revolutionize the treatment of [type 2 diabetes mellitus (T2DM)], as it will enable a large proportion of T2DM patients to safely achieve normoglycaemia, whereas the results regarding its cardiovascular safety and efficacy are highly anticipated," the authors wrote.

SOURCE:

Conducted by Djordje S. Popovic, Clinic for Endocrinology, Diabetes and Metabolic Disorders, Clinical Centre of Vojvodina, Medical Faculty, University of Novi Sad, Novi Sad, Serbia, and colleagues, this study was published online on June 14, 2024, in the *Journal of Diabetes and its Complications*.

LIMITATIONS:

Lack of access to individual participant data.

DISCLOSURES:

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