P45

Efficacy and Safety of Switching from Sitagliptin (SITA) to Liraglutide (LIRA) in Subjects with Type 2 Diabetes (T2D) Not Achieving Adequate Glycemic Control on SITA and Metformin (MET): A Post Hoc Subgroup Analysis Defined by Baseline (BL) BMI < or = 30 kg/m2

Dr Arvind Gadekar[1], Dr Anand Jain[2]
[1]Novo Nordisk Pharma Operations (baos) Sdn. Bhd., Kuala Lumpur, Malaysia, [2]Novo Nordisk Healthcare AG, Zurich, Switzerland

This post hoc subgroup analysis of the multinational, multicenter, randomized, double-blind, active-controlled Lira-SWITCH trial compared 26 wk efficacy and safety of switching from SITA to LIRA as add-on to MET in subjects with T2D not achieving adequate glycemic control on SITA + MET, in subjects with BL BMI < or 30 kg/m2.
Subjects previously receiving SITA (100 mg/day) and MET for 90 days, were randomized 1:1 to switch to LIRA 1.8 mg (n=203) or continue SITA 100 mg/day (n=204), both + MET.
Switching to LIRA from SITA reduced A1c (BMI <30, EM wk 26 7.08 vs. 7.73% (ETD -0.66 [95% CI -0.99;-0.32]; p=0.0001); BMI 30, EM wk 26 7.07 vs. 7.65% (ETD -0.58 [-0.86;-0.30]; p<0.0001)), body weight (BMI <30, EM wk 26 86.63 vs. 87.87 kg (ETD -1.24 [-2.31;-0.18]; p=0.0221); BMI 30, EM wk 26 86.50 vs. 88.22 kg (ETD -1.71 [-2.60;-0.82]; p=0.0002)) and FPG (Table) significantly more than continuing SITA, in both BMI groups. There were no significant differences in ETDs between BMI groups for all parameters (p>0.05) except for FPG (p=0.024).
In conclusion, switching to LIRA resulted in superior A1c and body weight reductions compared with continued SITA treatment, regardless of BL BMI status, and there was no evidence of a different treatment effect between the two BMI groups.