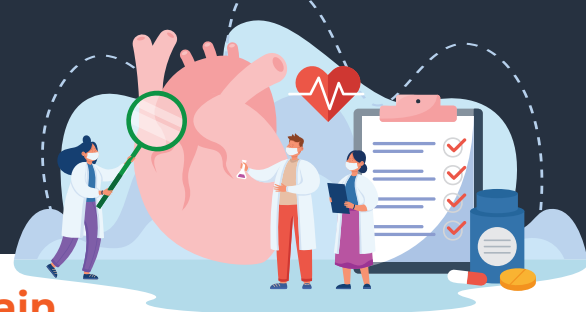


Integrating GLP-1 RAs Into Your Cardiology Practice



GLP-1 receptor agonists (RAs), once the domain of endocrinologists for patients with type 2 diabetes (T2D), are now recognized as important tools in our toolbox to help reduce a patient's cardiovascular (CV) risk. When initiating therapy, it is important to select a therapy based on both patient and medication factors.



Comparison of GLP-1 RAs

Therapy selection should be individualized to a patient's preferences and comorbidities. Take into consideration the need for CV risk reduction, obesity, and renal disease.

Medication	FDA-Approved Uses			Injection	By Mouth
	A1C-Lowering in Conjunction With Lifestyle Changes	CV Risk Reduction in T2D	Weight Loss		
Dulaglutide*	✓	✓		Once weekly	
Exenatide	✓			Twice daily	
Exenatide ER	✓			Once weekly	
Liraglutide*	✓	✓	✓	Once daily	
Lixisenatide	✓			Once daily	
Semaglutide	✓				Once daily
Semaglutide *	✓	✓	✓	Once weekly	

*GLP-1 RAs with proven CV benefit in primary and secondary prevention.

Follow these steps when initiating GLP-1 RA therapy:

- ✓ Assess the patient for comorbidities and patient-centered treatment factors such as weight management, history of atherosclerotic CV disease (ASCVD) or those at high risk for ASCVD, and management needs
- ✓ Implement healthy lifestyle modifications/interventions and diabetes self-management education and support
- ✓ Determine appropriate GLP-1 RA therapy based on CV risk factors
 - ASCVD or high risk of ASCVD: Initiate GLP-1 RA with proven CV disease benefit—dulaglutide, liraglutide, semaglutide
- ✓ Use caution in people with gastroparesis

Educate patients on adverse events, contraindications, and key counseling points:

- ✓ Initiate at lowest dose and titrate slowly based on manufacturer recommendations
- ✓ Eat smaller meals more frequently
- ✓ Eat slowly and stop at first sign of fullness
- ✓ Low-fat foods decrease adverse effects
- ✓ Adverse effects are typically dose dependent and will resolve over time
- ✓ Decrease the dose if intolerable adverse effects develop and increase dose after longer time frame

Ensure appropriate communication with additional medical team members to optimize treatment:

- ✓ Inform other healthcare professionals upon initiation of therapy
- ✓ Consider dose adjustments of concomitant diabetes therapies
- ✓ Ensure patients are no longer prescribed diabetes medications that provide negative cardiovascular effects (sulfonylureas, thiazolidinediones)



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