GLP-1 drugs tied to heart improvements in patients with obesity and heart failure

After one year, those taking GLP-1 medications showed significantly greater improvements in left ventricular size, shape, structure, and function than a closely matched control group of patients with obesity, researchers reported.



New York: Use of GLP-1 drugs by patients with obesity and heart failure was associated with significant heart muscle improvements, according to a study by Mayo Clinic researchers presented at the obesity meeting.

Everyone in the study had heart failure with reduced ejection fraction, meaning the heart's left ventricle was only weakly pushing blood out toward the body.

After one year, those taking GLP-1 medications showed significantly greater improvements in left ventricular size, shape, structure, and function than a closely matched control group of patients with obesity, researchers reported.

Those on GLP-1 therapy were taking either semaglutide, sold by Novo Nordisk as Wegovy and Ozempic, or tirzepatide, sold by Eli Lilly as Zepbound and Mounjaro.

Not surprisingly, the 146 patients in the GLP-1 group had significantly greater total body-weight loss than the 237 who were not taking the medicines.

The study was only designed to analyze changes at one year, but so-called "exploratory two-year analyses" - intended to generate new hypotheses for future studies - showed continued improvements in left ventricular ejection fraction and heart size, the researchers said.

Most of the improvements remained significant even after accounting for weight changes, suggesting that some of the positive effects were due to the drugs themselves rather than weight reduction, the researchers also reported.

A week earlier at the American Heart Association's Scientific Sessions in Chicago, a separate team of Mayo Clinic researchers reported on 81 adults with obesity and heart failure with preserved ejection fraction - that is, the left ventricle wasn't particularly weak - who received semaglutide or a placebo for 52 weeks.

Treatment with semaglutide improved pressures inside the heart during exercise and at rest and was associated with remission of heart failure in more than half of treated patients, the researchers reported in Nature Medicine.

ZEPBOUND CAN BE COST-SAVING, ELI LILLY SAYS

Eli Lilly's expensive obesity drug Zepbound is ultimately cost-saving over time, according to data presented by the Indianapolis-based drugmaker.

Researchers compared trends in healthcare costs and utilization among more than 171,000 adults treated for at least a year with Zepbound for weight management, and the same number of similar but untreated individuals. No one in the study had diabetes.

During follow-up, healthcare costs remained stable in the Zepbound group but rose steadily in the control group. In one analysis, healthcare costs per month in patients not receiving Zepbound grew by an estimated $29 at 3-6 months, $82 at 6-12 months, and $120 at 12-18 months.

Zepbound-treated patients had 7% fewer hospitalizations and emergency department visits at 3-6 months. That climbed to 18% fewer for up to 12 months and a 34% reduction at 12-18 months.

"These findings suggest that beyond its clinical benefits, tirzepatide may deliver growing economic value over time," Lilly's researchers concluded in a brief summary of their presentation known as an abstract.

They did not report on what patients had paid for the medication or whether the savings completely offset the costs.

Zepbound can cost more than $1,000 per month without insurance. A recent study by CVS Health said employers and other health plan sponsors could break even on GLP-1 drugs if they are priced below $350 per month, as reduced use of medical services lowers spending enough to offset drug costs.

A separate study presented at the obesity meeting suggests GLP-1 use is associated with improved labor market outcomes.

Using data from a nationally representative internet panel of approximately 15,000 US adults, researchers found improvements in labor-force participation and ongoing improvements in productivity, following initiation of the drugs.

The results are relevant for employers considering coverage decisions, the researchers said, as many companies have dropped coverage of the medications due to overall costs.

"If GLP-1s improve worker productivity and participation, expanded access may yield returns in the form of higher output and reduced absenteeism," they said.

GLP-1 USE BY SENIORS LINKED WITH FEWER FALLS

Among older adults with obesity, GLP-1 use was associated with lower risks of falls and wheelchair dependence, according to a two-year study that tracked more than 122,000 patients age 65 and older without impaired mobility.

In these patients who were taking GLP-1 drugs or the common diabetes medication metformin, GLP-1 use was associated with a 13% lower risk of falls and a 37% lower risk of new-onset wheelchair dependence, the researchers reported.

The study did not compare patterns of weight loss, and it cannot prove the GLP-1 drugs prevented falls and wheelchair dependence.

Still, the researchers say, the findings suggest a potential role for the drugs in preserving independence among older adults with obesity, with implications for quality of life and healthcare utilization.

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