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IN RESPONSE

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Glucagon-like peptide-1 receptor agonists and SGLT2 inhibitors may be important adjunct therapies for weight management in persons with T1DM. Our previous work has shown that approximately 5% of U.S. adults with T1DM receive a GLP-1 receptor agonist, and 3% receive an SGLT2 inhibitor (1). We believe at least 2 barriers may prevent greater uptake.

The first barrier is safety. As Dr. Popovic and colleagues note, the use of SGLT2 inhibitors is associated with an increased risk for DKA in persons with T1DM. A consensus statement recommends carefully selecting persons with low risk for DKA, reducing insulin therapy, and regularly measuring ketone levels to mitigate this risk (2). Increased hypoglycemia has also been noted in patients with T1DM who receive GLP-1 receptor agonists, suggesting that insulin dose adjustment may be necessary (3). Because GLP-1 receptor agonists may pose fewer risks, these agents may be preferred over SGLT2 inhibitors to specifically address obesity in persons with T1DM. However, more research is needed to understand how to optimize safety when using these novel medications (4).

Access is a second challenge. The cost of GLP-1 receptor agonists and SGLT2 inhibitors is high, and insurance coverage for patients with T1DM may be limited. Fortunately, patents for these newer medications are set to expire in the next few years (5). Generic GLP-1 receptor agonists and SGLT2 inhibitors may soon be available, which would substantially enhance affordability. However, until this happens, these medications remain cost prohibitive for many patients with T1DM.

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