



A Plea for Earlier Use of GLP-1 RAs

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Letter to the Editor

The treatment of type 2 diabetes is ever changing and affected by many platforms. By and large, insurance companies dictate accessibility to treatment and medications. This fact has the inherent appearance of a conflict of interest when boardroom decisions are pitted against disease outcomes. T2D is costly, and fiscally responsible clinicians, attempting to reduce costs, get drawn into this gambit by prescribing medications that are inexpensive and unfortunately either ineffective or at best minimally effective. The outcome of this strategy is now apparent with T2D costing billions of dollars in complications annually and even more in human suffering.

In 2020 the focus has changed for T2D, it's not about delaying complications but rather about preventing them. This novel concept is no longer "a pie in the sky" postulate but a GLP-1 RA reality.

GLP-RAs, often referred to as "smart secretagogues" primarily reduce glucose with minimal risks of hyperglycemia while vigorously addressing defects common associated with T2D, such as insulin deficiency, glucagon suppression and GLP-1 insufficiency. GLP-1 RAs also positively affect other strategically important non-glycemic pathways such as weight and vascular inflammation. The cumulative effects of these glycemic and non-glycemic benefits are improved clinical outcomes.

GLP-RAs have been poorly utilized based on cost, fear of adverse events and moreover the mode of administration. One of these obstacles will soon be eliminated with the release of Rybelsus, the first oral GLP-1RA. Rybelsus will soon be available and very accessible. Daily use, following the failure of lifestyle and metformin, should be the chosen pathway for adult patients with uncontrolled hyperglycemia and pre-existing cardiovascular disease or those at high risk for cardiovascular disease. No one should take any GLP-1RA if there is a (personal or family) history of medullary thyroid cancer, MENS-2 or an allergy to the compound or any of its components.

Rybelsus is remarkably efficacious and comparable to its injectable counterparts, assuming it's taken precisely according to the manufacturer's directions. First of all it must be taken daily (am only) on an empty stomach following at least a 6 h fast. Second, it must be taken with water only (50 ml to 120 ml). Finally, all other medications must be delayed for at least 30 min following the ingestion of Rybelsus. These instructions are absolute and are without exception. Following these three simple steps will insure optimal absorption and efficacy of Rybelsus.

Oral GLP-1RA (Rybelsus) should expand exposure to this class and improve glycemic control for adults with T2D. Cardiovascular safety has been established and cardiovascular and renal outcome trials are pending. Finally earlier use of GLP-1RAs are in compliance with National guidelines.

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