

LATE BREAKING ABSTRACT

15. Liraglutide and acute pancreatitis in the Association of British Clinical Diabetologists (ABCD) nationwide liraglutide audit

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Introduction: There is concern that glucagon like peptide-1 (GLP1) therapies may be associated with acute pancreatitis. The data from the ABCD nationwide liraglutide audit (March 2013=5948 patients, 89 centres) provides an opportunity to assess the extent of the problem in real clinical practice.

Methods: At every visit audit-contributors were invited to submit data on possible side effects. Reported cases of 'possible pancreatitis' were identified and the centres concerned were contacted to obtain full details.

Results: The patients in the audit had worse glycaemic control and were much heavier (mean±SD HbA1c 9.4±1.7%; BMI 38.8±7.3kg/m²) than in combined clinical trials of liraglutide (mean HbA1c 8.5%, BMI 31kg/m²). There were four cases of possible acute pancreatitis, but three of these had likely alternative explanations (gall bladder disease, pre-existing pancreatitis, acute abdominal illness of uncertain cause). To date the audit has monitored 3713 years of exposure to liraglutide. The sole case of acute pancreatitis with no other causes for pancreatitis found, represents an incidence of 0.027/100 patient years of exposure to liraglutide.

Conclusion: In cases of acute pancreatitis on liraglutide, if another cause can be found, the drug is not necessarily culpable. The incidence of unexplained pancreatitis was low. In practice many acute pancreatitis cases are idiopathic reducing further the need to implicate liraglutide. Considering the benefits in terms of weight loss, improved glycaemic control and reduction in other diabetes therapies, including insulin, the possibility of pancreatitis in real clinical practice seems to represent a very small risk in comparison to the potential benefit gained.