



Association of British Clinical Diabetologists

Effect Of Raised Alanine Transaminase (ALT) Levels On Hba1c Response To SGLT2 Inhibitors In Type 2 Diabetes

Dr Harshal Deshmukh MRCP MPH PhD
Clinical Lecturer in Endocrinology and Diabetes

Co-Authors: Alex Bickerton, Suzanne M. Phillips, Alison Evans, Rajeev P. Raghavan, Devesh K. Sennik, Anurita Rohilla, Karen Adamson, Mahender Yadagiri, Ian W. Gallen, Robert E. Ryder, Thozhukat Sathyapalan

Disclosures

- REJR has received speaker fees, and/or consultancy fees and/or educational sponsorships from AstraZeneca, BioQuest, GI Dynamics, Janssen and Novo Nordisk
- HD TS have no relevant disclosures

Funding

Association of British Clinical Diabetologists

Introduction



- Sodium-glucose transport protein 2 inhibitors (SGLT2i), also called gliflozins, are a class of medications that inhibit reabsorption of glucose in the kidney and therefore lower blood sugar
- SGLT2 inhibitors are associated with weight loss, improved glycaemic controls, improvement in heart failure outcomes, reduction in systolic blood pressure, and prevent progression of renal disease in type 2 diabetes. SGLT2 inhibitors also reduced alanine transaminase (ALT) level, one of the most specific markers for NAFLD
- However, how raised ALT levels and hence NAFLD affects HbA1c response to SGLT2 inhibitors is not known



Association of British Clinical Diabetologists

Study objective and Methods

- The objective of this study was to understand the effect of ALT on glycaemic response to SGLT2 inhibitors in patients with Type 2 diabetes
- Data for this study was obtained from a large nationwide audit of SGLT2 inhibitors (n=9,609) of patients with Type 2 Diabetes initiated on an SGLT2 inhibitor
- We used a gradient boosting machine learning algorithm (GBM) to identify if ALT is an important predictor of glycaemic response to SGLT2 inhibitors
- The results of the GBM model were confirmed using linear regression analysis where the absolute drop in HbA1c was modelled as a dependent variable with baseline ALT as independent variable adjusted for relevant covariates

Results

Demographics and audit characteristics (n=**9,609**)

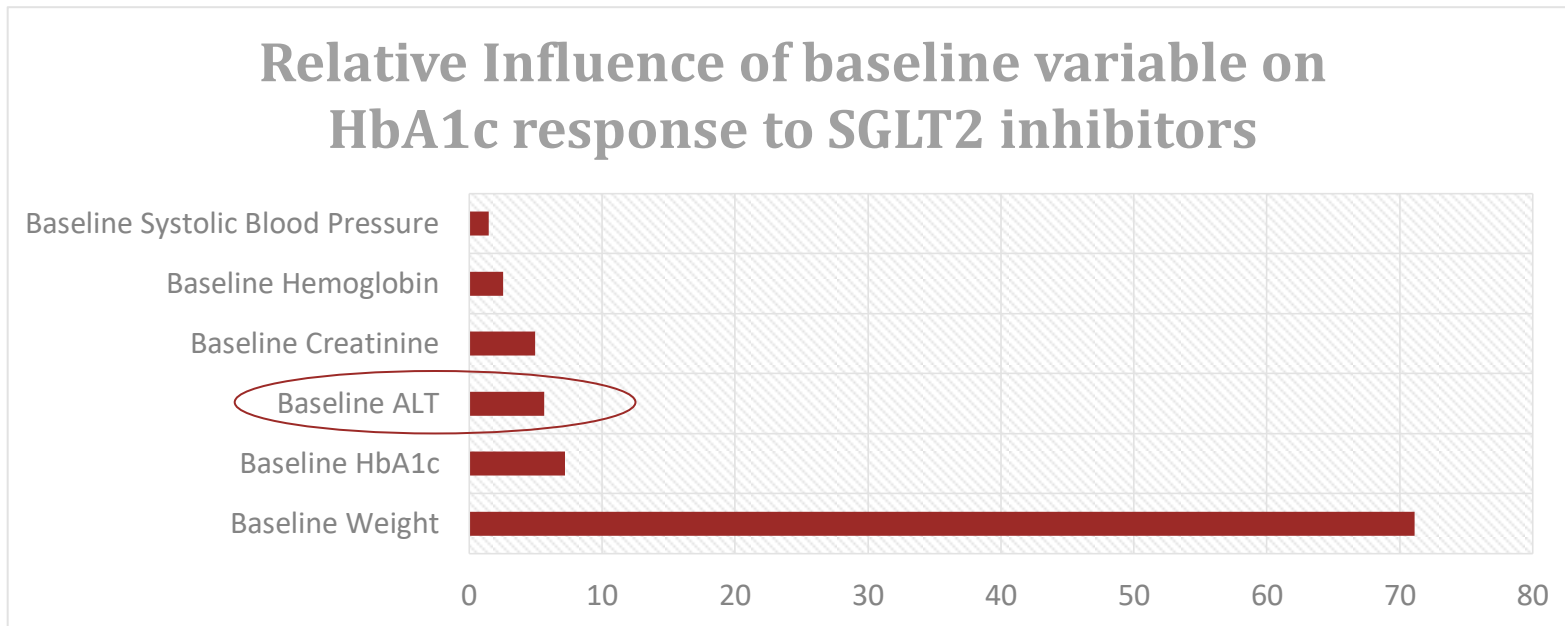


Age(IQR)	59.1 (60-68)
Gender % females	40%
BMI median(IQR)	31.8 (28-36)
Baseline Weight median(IQR)	92(80-106)
Baseline HbA1c median(IQR)	8.8(7.9-10)
Baseline eGFR median(IQR)	89(74-90)
Baseline SBP median(IQR)	131(122-140)
Baseline Cholesterol median(IQR)	4.1(3.5-4.9)
% Metformin	7827 (81%)
% SU	2935 (30%)
% Insulin	1654 (17%)
% Gliptin	2238 (23%)
% ACE I/ARB	4225(43%)
% CCB	1878 (19%)
% Beta blocker	1190((12%)
% Statin	7411(77%)
% Aspirin	1966 (20%)

Results

- The study consisted of 9,609 patients initiated on Empagliflozin (n=5061) or Dapagliflozin (n=3711) or Canagliflozin (n=837)
- At the median 5.8 months follow-up period, the mean HbA1c drop was 0.81% and was similar in all three-drug classes
- The drop in HbA1c was 0.62%, 0.78% and 1.01% in 1st 2nd and 3rd quartiles of baseline ALT, respectively (P-Anova <0.0001)

Results: Gradient boosting model



The model accuracy was 0.73 (0.71-0.75) and area under the curve was 0.83

Results: Linear regression model

	Beta	SE	P-value
Baseline Age	0.007	0.001	<0.0001
Baseline HbA1c	0.465	0.006	<0.0001
Baseline ALT	0.007	0.001	<0.0001
Baseline eGFR	0.001	0.001	0.14
Gender	-0.012	0.023	0.59

Weight not included as correlated with baseline HbA1c

Conclusion

- Higher baseline ALT levels are associated with a more significant SGLT2 induced HbA1c drop
- SGLT2 inhibitors are likely to be more effective in those with coexisting diabetes and NAFLD

Acknowledgements

We thank the ABCD nationwide audit contributors and all the patients who participated in the audit.