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Association of **British Clinical** Diabetologists

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Effectiveness of Semaglutide in Oral vs Subcutaneous Injectable Formulation: An analysis of UK Real-world Data in the Association of British Clinical Diabetologists (ABCD) national audit

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- GLP1a (Glucagon like peptide 1 agonists) is widely used in the management of people with type 2 diabetes
- Semaglutide is the only GLP-1a available in both injectable and oral formulations.
- ucti Oral semaglutide has demonstrated similar efficacy in HbA1c reduction and weight reduction compared to injectable liraglutide [1]

Real-world data on comparing the efficacy between oral vs injectable semaglutide is limited, only available in smaller population size ^{[2,3,4].} The aim of this study is to compare between the two preparations in real-world setting so as to provide more informed decision to patients and clinicians.

Methods

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- Multi-center retrospective observational study from ABCD national audit registry
- Data collected from 10 centers across United Kingdom from 2019 till 2024
- Data was analyzed by STATA 18, using linear regression analysis with key variables including age and baseline HbA1c
- 1484 people were on injectable semaglutide group (49.2% female, mean age 58.9 +/- 10.9 years) and 445 people on oral semaglutide group (38% female with mean age 58.9 +/- 12.5 years)
- Results The mean follow-up time was 228.62+/-165.18 days in oral group and 180 days in injectable group.
 - The injectable semaglutide showed statistically significant greater reduction in HbA1c and total cholesterol compared to oral group but the rest of the parameters are not statistically significant.
 - The results are summarized in the table 1.0 as below.

	Injectable Sem	naglutide group		Oral Semaglutide Group			Mean difference of	Mean HbA1c change between baseline and follow up (mmol/mol)				
	Mean Baseline +/-	Mean Follow-up	Mean difference	Mean Baseline +/-	Mean Follow-up	Mean difference between baseline	change in variables between two groups	106.6 T				
	Standard deviation (SD)	+/- Standard deviation (SD)	and follow-up +/- Standard deviation (SD)	Standard deviation (SD)	+/- Standard deviation (SD)	and follow-up +/- Standard deviation (SD)	after intervention +/- Standard deviation (p-value)		101.7		103	97.3
HbA1c (mmol/mol)	79.1 +/- 18.8	65.5 +/- 16.4	13.3 +/- 17.8	77.9 +/- 18.7	68.5 +/- 18.2	9.4 +/-17.2	-3.8 +/- 1.3 (0.002)					
Weight (Kg)	106.6+/- 23.3	103.0 +/- 23.5	4.7 +/- 7.6	101.7+/- 22.9	97.3 +/- 21.6	3.8 +/- 7.0	-0.2 +/- 0.5 (0.776)	BASE	INE	Injectable oral	FOLLO	W UP
BMI	37.0 +/- 7.4	36.1 +/-7.1	1.5 +/- 2.1	34.00 +/- 7.02	33.34 +/-6.8	1.4 +/- 0.2	-0.2 +/- 0.2 (0.897)	Mean chang	e in body weight	between bas	eline and fo	llow up (Kg)
ALT (IU/L)	30.6 +/-18.6	28.0 +/-16.3	2.4 +/- 15.1	25.9 +/- 12.7	25.26+/- 13.8	0.7 +/- 10.4	-1.8 +/- 1.2 (0.124)	106.6	101.7		103 _	
Total Cholesterol (mmol/L)	4.4 +/- 1.2	4.0 +/- 1.0	0.4 +/- 0.9	4.6 +/- 3.3	4.2 +/- 1.2	0.2 +/- 1.0	-0.2 +/- 0.08 (0.033)					97.3
Triglyceride (mmol/L)	2.9 +/- 2.4	2.4 +/- 1.7	0.5 +/- 2.0	3.1 +/- 4.4	2.7 +/- 3.4	0.6 =/- 0.3	+0.2 +/- 0.3 (0.434)					
Table 1. showing the between injectable	able 1. showing the mean baseline and follow-up data of injectable and oral semaglutide and mean differences of post-intervention variables Detween injectable and oral semaglutide groups (negative values mean injectable is superior to oral)									Injectable – oral	FOLLO	W UP



- S S U
- Both oral and injectable Semaglutide groups experienced a reduction in HbA1c in UK real-world setting.
- Injectable Semaglutide was associated with a greater HbA1c reduction.
- These findings support personalized treatment choices based on individual preferences and ability to comply to oral ingestion instructions

Con

References

to ensure optimal absorption of oral formulation

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