

Incretin Learning and Excellence Academy for Diabetes (iLEAD)

Sir,

Our organization, the South Asian Federation of Endocrine Societies,^[1] has conceptualized and accredited incretin learning and excellence academy for diabetes (iLEAD) as an educational initiative. The objectives of the academy are to increase awareness about current and upcoming incretin therapeutics (with a focus on the injectables); handling practical issues by shared experiences and evidence-based science and to build a database and explore avenues for pharmacoepidemiological research. The curriculum is designed to help the medical fraternity to keep their focus on the changing needs of the patients by individualizing treatment and having a patient-centric approach, which is especially vital in a dynamic field like diabetes mellitus.

This program has been launched in India, with plans to launch in Bangladesh this year.

We rolled out a precourse assessment form to the participants enrolled for this meeting, to assess their current clinical practice related to incretin therapies.

The survey was administered to 938 participants from 38 meetings across the country between October 2014 and May 2015.

A number of respondents for the dipeptidyl peptidase inhibitor (DPP4i) questionnaire were 445 and for the glucagon-like peptide-1 receptor agonist (GLP-1RA) questionnaire were 269, highlighting a low use of the latter

in daily clinical practice. Results are presented in the form of median, proportion, or in absolute numbers.

RESULTS

Proportion of patients on incretin-based therapies:

- Thirty-five percent patients are on DPP4i therapy, whereas only 5% are on GLP1 RAs
- Forty-four percent reported that no patients were on GLP1 RA therapy in the last 1 year.

Incretins – prescribed early or late?

- Fifty percent of patients were prescribed DPP4i late, and 40% were prescribed GLP1RAs late
- This is contrary to all published guidelines.^[2,3]

Patient profile – obese or not?

- DPP4i were prescribed in equiproportion to both, whereas 75% of GLP1RAs were prescribed to obese diabetics
- Certain trials have reported equal efficacy in both sets of patients.^[4]

Side effects:

- Twenty-six percent of participants have reported that more than 10% of their patients have complained of gastrointestinal (GI) side effects with DPP4i, whereas 39% have reported the same with GLP1-RAs. Surprisingly, 24% of participants have reported no GI side effects with GLP1RAs. This is contrary to reports available from published trials with these molecules
- Twelve percent of participants have reported that 1–5% of their patients had pancreatitis with DPP4i, whereas 10% in the GLP1 RA group have reported the same.

Factors influencing prescription of incretins:

- More than 72% of participants have said that duration of diabetes and weight are important factors they

consider while prescribing DPP4i, whereas 75% have said weight is the most important factor for GLP1 RA therapy.

ADHERENCE TO THERAPY

- Only 27% of patients adhere to GLP-1RA treatment, while 82% adhere to DPP-4i.

GLP1 RA therapies are promising molecules in the armamentarium of diabetes treatment. Their multiple positive pleiotropic effects are lost on the physician, and a very few percentage of patients are reaping benefits of these molecules. Educational programs like iLEAD will, hopefully, help in providing insight on this widely researched class of molecules and bring about a change in current clinical practice.

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Conflicts of interest

There are no conflicts of interest.

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