GLP-1 Summit – Key learnings about the added benefits of GLP-1 in diabetes

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1. In the T2DM patient, there is accumulating evidence for established glucose-lowering agents such as the sulphonylureas and insulin having a cardioprotective role.

☐ **A** True ☐ **B** False

2. Which statement is false?

☐ **A** Short-acting GLP-1 RAs delay gastric emptying
☐ **B** Long-acting GLP-1 RAs are insulinotropic and glucagonostatic
☐ **C** Long-acting GLP-1 RAs predominantly affect postprandial glucose levels

3. Which of the listed agents are not long-acting GLP-1 RAs?

☐ **A** Liraglutide ☐ **B** Semaglutide
☐ **C** Exenatide ☐ **D** Exenatide-LAR
☐ **E** Dulaglutide ☐ **F** C and D

4. In the LEADER study, compared to placebo, liraglutide was associated with a reduction in cardiovascular mortality of:

☐ **A** 9% ☐ **B** 16% ☐ **C** 22%

5. From the SUSTAIN-6 trial, compared to placebo, once weekly oral semaglutide reduced the risk of non-fatal stroke events by:

☐ **A** 16% ☐ **B** 22% ☐ **C** 40%

6. CVOT meta-analysis shows all GLP-1 RAs meeting the MACE endpoints of cardiovascular death, fatal or non-fatal MI and fatal or non-fatal stroke.

☐ **A** True ☐ **B** False

7. Real-world studies with liraglutide show a weight loss of:

☐ **A** 2.5-5.5kg ☐ **B** 2.0-4.0kg

8. Of GLP-1 RA-naïve patients with baseline HbA_{1c} >9% using oral semaglutide, what percentage attain HbA_{1c} <7%?

☐ **A** 25-30% ☐ **B** 30-40%

9. Compared to placebo, CVOT meta-analysis of the incidence of MI with GLP-1 RAs shows a:

☐ **A** 9% decrease ☐ **B** 5% decrease ☐ **C** 2% increase

10. Which statement is true?

☐ **A** GLP-1 is associated with a reduction in markers of inflammation and oxidative stress
☐ **B** From the LEADER study, liraglutide was associated with a 15% lower risk of diabetic ulcer-associated amputations compared with placebo
☐ **C** A and B

11. Visceral adiposity is associated with risk for T2DM independently of BMI.

☐ **A** True ☐ **B** False

12. Which statement is true? In T2DM, weight gain:

☐ **A** Can be a barrier to intensifying treatment
☐ **B** Is associated with negative psychosocial and behavioural variables
☐ **C** A and B

13. GLP-1 RAs are associated with lowered body weight, reduced visceral adipose tissue and subcutaneous adipose tissue, as well as a smaller waist circumference.

☐ **A** True ☐ **B** False

14. Which international authority recommends the first-line use of GLP-1 RAs or SGLT-2 inhibitors for T2DM patients with existing CVD, or at high/very high cardiovascular risk?

☐ **A** ADA/EASD ☐ **B** ESC ☐ **C** A and B

15. Which GLP-1 RA does the ESC recommend for patients with T2DM and CVD, or at very high/high cardiovascular risk, to reduce the risk of death?

☐ **A** Liraglutide ☐ **B** Semaglutide ☐ **C** A and B

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