

What I need to know about my new medication

Why should I read this leaflet?

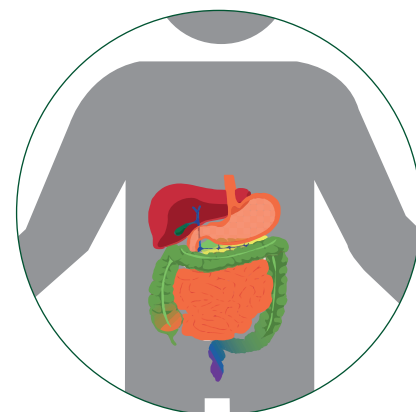
- You and your healthcare team have agreed that you should take a medication for your type 2 diabetes that belongs to a group of medicines called glucagon-like peptide-1 receptor agonists (GLP-1 RA).
- This leaflet summarises what you need to know, but if you have any other questions, please ask your healthcare team or call the Diabetes UK helpline on 0345 123 2399.

Background

- When we eat sugars and carbohydrates our body breaks these down to release glucose.
- If we have too much glucose in our blood this is known as diabetes and can lead to dangerous complications such as heart attacks, strokes and problems with our feet, kidneys and eyes.
- Our bodies need insulin so that cells in our body can take up the glucose from our blood and use it for energy.
- When someone has type 2 diabetes it is because the body produces less insulin or does not use it very well.
- Being overweight increases the risk of our bodies not using the insulin we produce very well.

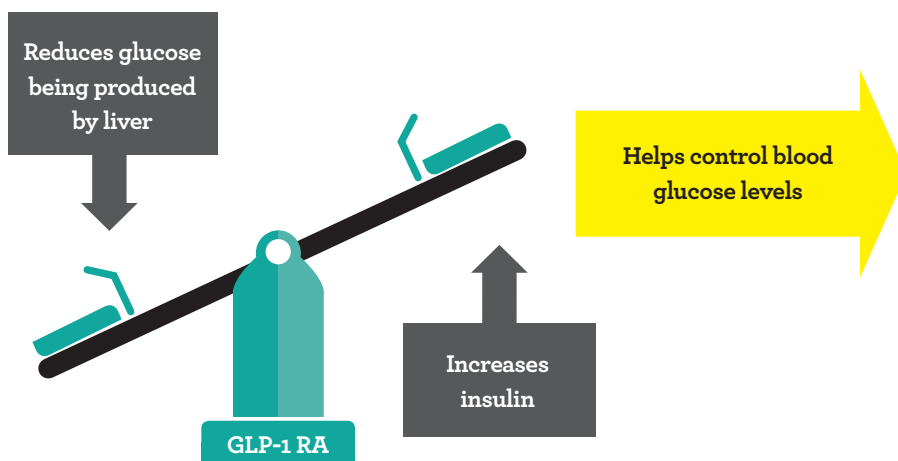
What is a GLP-1 RA?

- A GLP-1 RA is a type of medication that works by increasing the levels of hormones called 'incretins' in your body. These hormones are in your gut.
- Incretin hormones help your body produce more insulin when it's needed (normally after eating) and reduce the amount of glucose being produced by your liver when it is not needed.
- They also reduce the rate at which the stomach digests food and empties, and can reduce appetite and make you feel fuller which can promote weight loss.
- In people with type 2 diabetes the effect of the incretin hormones can be half that of someone without diabetes
- Glucagon-like peptide-1 (GLP-1) is one



of the incretin hormones, but you cannot take it as a medicine as your body would quickly destroy it. Instead there are medicines called GLP-1 RAs which work like GLP-1 but last much longer.

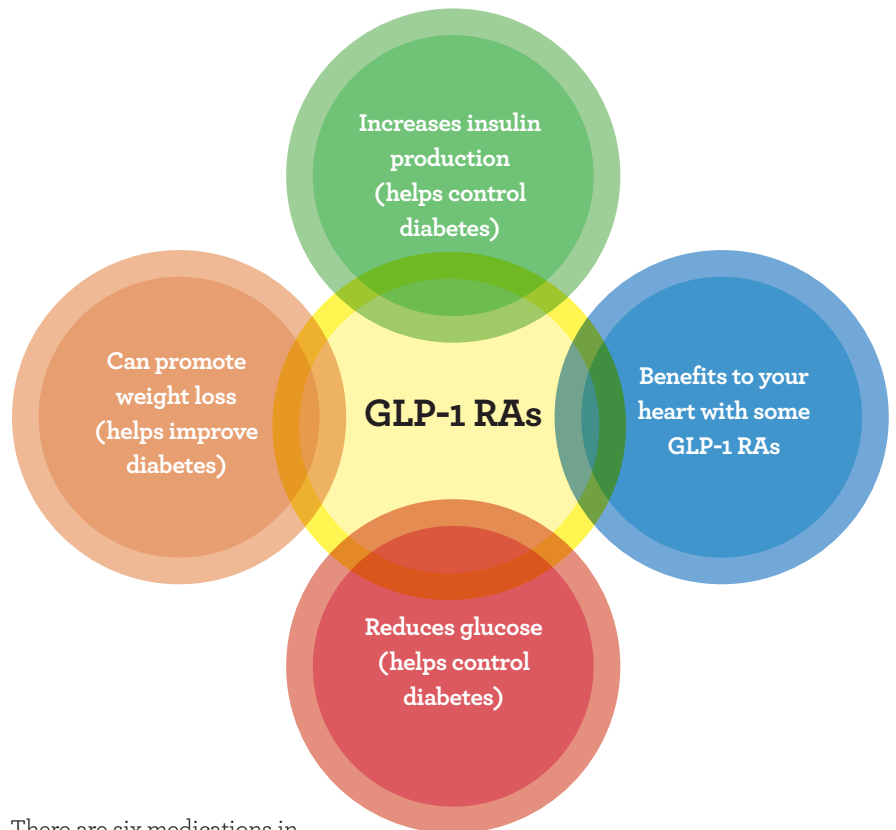
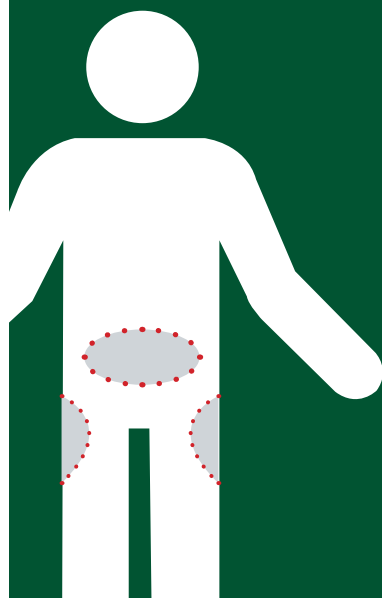
- Some GLP-1 RAs have been shown to provide benefit to your heart if you have already had a stroke, heart attack or have heart failure.



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Why do I have to inject my GLP-1 RA?

- GLP-1 RAs are proteins. So, if you took a GLP-1 RA by mouth your body would destroy it by digesting it, just like you digest the protein in your meals. That is why it is an injection.
- Modern devices (called pens) mean that giving an injection is now much easier than you might think.
- Your healthcare team will show you the different pen devices and how to use them. This will help you in choosing which GLP-1 RA you want to take.
- You inject your GLP-1 RA into your stomach or thigh. Your healthcare team will show you how and give you advice on how to continue doing this well. It is important to change the area in which you give your injection each time you inject.
- Your healthcare team will also discuss with you how to store your injections to include taking on holiday with you and how to dispose of your pen devices once used.



- There are six medications in GLP-1 RA family. All are injections

GLP-1RA	OTHER NAME	FREQUENCY OF INJECTION
Exenatide	Byetta	Twice a day
Liraglutide	Victoza	Once a day
Lixisenatide	Lyxumia	Once a day
Exenatide prolonged release	Bydureon	Once a week
Dulaglutide	Trulicity	Once a week
Semaglutide	Ozempic	Once a week

What things should I think about when choosing a GLP-1RA?

How well will a GLP-1 RA work?

Discuss with your healthcare team how GLP-1 RAs work and which might be the most effective for you.

Are there any reasons why I shouldn't use a GLP-1 RA?

You should not take any GLP-1RA if:

- You have a history of pancreatitis
- You are planning to have a baby/are pregnant

- You are under 18 years old.

Your healthcare team may also need to review if there is any damage to your eyes from diabetes (retinopathy), how well your liver and kidneys are working, and if you have any pre-existing/history of problems with your stomach/digestive system when helping you choose a GLP-1 RA therapy.

Are GLP-1 RAs safe?

Most people do not experience any serious side effects while taking GLP-1 RAs. However, all drugs can have side effects. So, if you are worried or feel unwell, speak to your healthcare team.

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Are there any side effects that I might expect?

Gastrointestinal adverse events (such as nausea, diarrhoea and vomiting) are usually mild or moderate and tend to get better if you continue with treatment. Don't worry, these do not change how well the GLP-1 RA works.

- Many people find that eating smaller, low-fat meals, more often helps avoid gastrointestinal side effects.
- See your healthcare team if you find that you can't cope. They may suggest increasing the dose more slowly, use of an alternative GLP-1 RA or prescribe a tablet which reduces nausea and vomiting (an anti-emetic), for a few days.
- See your doctor if you develop abdominal pain; this may be caused by something else rather than the GLP-1 RA itself.
- If you're ill with an upset stomach, vomiting and or diarrhoea, make sure you drink plenty of fluids and stop the GLP-1 RA until you are well again. Severe dehydration can damage your kidneys, but this is very rare.

Some people taking GLP-1 RAs develop a rash or redness around the injection site. This is usually nothing to worry about.

- You can reduce the risk by using the right injection technique shown to you by your healthcare team and changing the areas where you inject each time an injection is due.
- See your healthcare team if the problem persists. Some people react to parts of the medicine other than the GLP-1 RA. So, changing the GLP-1 RA may be helpful.

Which pen device do I prefer?

Ask someone from your healthcare team to show you all the various pen devices.



How often do I want to give my injections?

The frequency of having the injection varies with each GLP-1 RA and can be weekly, daily or twice daily.

Do I need to stop any medications?

With all GLP-1 RA therapies, medicines known as gliptins, which you might be taking to help with your diabetes, need to be stopped. Sometimes doses of medicines which could cause glucose levels to go too low (known as hypoglycaemia) which are insulin and certain tablets called sulphonylureas (e.g. gliclazide) may need to be reduced when using GLP-1 RA therapy. Your healthcare team will be able to advise you on these reductions if they are required and will review your medications before starting a GLP-1 RA. Many people require more than one medicine to help with their diabetes: Families of medicines for diabetes all have different actions.

Do I have a history of a stroke, heart attack or have heart failure?

Studies have shown that some GLP-1 RAs have benefit in people who have a history of or are of high risk of cardiovascular disease. Your health care team will be able to advise which ones give this benefit.

What will happen now when I have started my GLP-1 RA?

- Your healthcare team will advise you if needed, how and when to increase the dose of your GLP-1 RA.
- GLP-1 RAs are usually effective for T2D. However, no drug replaces a healthy diet, regular exercise, quitting smoking and drinking alcohol sensibly. Speak to your healthcare team or Diabetes UK helpline if you need to give your lifestyle a makeover.
- It is important to discuss the goals of your GLP-1 RA treatment with your healthcare team. Goals will be around improving the levels of glucose in your blood and a 3-monthly test called a HbA1c will be used to measure this. Another goal might be around weight loss. It is important to attend any reviews with your healthcare team, even when you feel well.
- If you are taking a medicine that could lower your blood glucose too much, such as insulin or a sulphonylurea (e.g. gliclazide), then it is important to monitor your glucose levels with a machine provided by your healthcare team. The blood glucose levels you record will help inform if and how to reduce your insulin and/or gliclazide doses.
- Don't worry if a GLP-1 RA does not control your blood glucose adequately or you struggle with side effects. Your healthcare team can discuss other options with you.

