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Dipeptidyl peptidase IV inhibitors, glucagon-like peptide 1 (GLP1)analogues and pancreatitis: lack of a significant link in a large patient cohort in the UAE

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Abstract:

Introduction

There has been increasing attention on pancreatitis as a side effect of GLP1 analogues and DPP-IV inhibitors. We have investigated a possible link in our large patient cohort in Abu Dhabi, UAE.

Methods

ICLDC patient database (n=65535) including patients with diabetes (n= 27662; female n=13410; age 51.2 ± 14.8 years; BMI 30.7 ± 6.4 kg/m2, serum triglyceride 1.8 ± 1.2 mmol/l) was accessed to identify patients seen in 2012 who were on GLP1 analogues or/and DPP-IV inhibitors in their last visits to the centre. All patients with a diagnosis of pancreatitis recorded and all those with serum amylase results were identified. All clinicians were requested to report incidences of proven or suspected pancreatitis.

Results

There were 4643 patients on DPP-IV inhibitors and 4247 patients on GLP1 analogues. 364 patients were on both groups. 48 patients had had serum amylase request; 13 patients had a raised serum amylase with a mean of 127.8 (range 84-271) u/l. Two patients with raised amylase were on GLP1 analogues; there were no patients on DPP-IV inhibitors with elevated serum amylase. Six cases of suspected pancreatitis in 2012 were reported by physicians. Three of these patients had a modestly raised serum amylase (highest 660 u/l). No patients with overtly elevated serum amylase were reported.

Conclusions

Pancreatitis is no more common than in patients on GLP1 analogues or DPP-IV inhibitors than other antidiabetic drugs in the population studied.