

LETTER TO THE EDITOR

LIST DO REDAKCJI

**SAFETY OF GLP-1RA THERAPY: SIDE EFFECTS AND THE NEED
FOR MONITORING**

**BEZPIECZEŃSTWO TERAPII GLP-1RA: DZIAŁANIA NIEPOŻĄDANE ORAZ
POTRZEBA MONITOROWANIA**

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Dear Editor,

We had the pleasure of reading an article by Bieganek et al. [1], published in *Health Problems of Civilization*, focusing on new side effects of semaglutide and liraglutide, which belong to GLP-1RA. We appreciate the detailed review and discussion of adverse effects such as gastroparesis, "Ozempic face" and acute pancreatitis. Knowledge of these potential risks is extremely important, as the aforementioned drugs are used to treat common chronic conditions like type 2 diabetes and obesity, making their widespread use significant. This article contributes to raising awareness about possible complications, which is really useful, because the above-mentioned GLP-1RA are taken by many people, and the number is still counting. These drugs help reduce major adverse cardiovascular events and deaths from cardiovascular causes in people with type 2 diabetes or obesity, and reduce the possibility of chronic kidney disease in type 2 diabetics. Moreover, studies are underway on the efficacy of these drugs in

new indications, including metabolic liver disease, peripheral artery disease, Parkinson's disease and Alzheimer's disease [2].

First of all, it is important to pay attention to the reported oncological side effects due to the widespread use of GLP-1RA. An article published in *Frontiers* reports 8,718 cases of cancer associated with the use of GLP-1RA. This review pertains to the FDA Adverse Event Reporting System database from the first quarter of 2004 to the second quarter of 2020 [2].

Furthermore, recently published meta-analysis by Silverii et al. [3] shows that the risk of thyroid cancer may be increased in people treated with GLP-1RA, which includes semaglutide and liraglutide. Authors included all RCTs applied to adults, lasting at least 52 weeks, in which any GLP-1RA approved by European Medical Agency for obesity or type 2 diabetes was compared with either active comparators or placebo.

On the other hand, a retrospective analysis based on 17,653 reports concerning using GLP-1RA in monotherapy, selected from all side effects cases reports sent to the FDA from January 2004 to September 2022, proved a significantly increased propensity for thyroid hyperplasia and neoplasm in individuals using GLP-1RA monotherapy compared to those using sodium-glucose cotransporter inhibitors (SGLT-2) in monotherapy [4]. In conclusion, the studies highlight the need for further long-term research to better understand the potential risks associated with GLP-1RA therapy. It is also important to emphasize careful monitoring all patients during treatment.

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