Most US Adults with T2D Meet Criteria for GLP-1 RAs or SGLT2is, but Few Receive Them

More than 80% of American adults with type 2 diabetes (T2D) meet criteria for treatment with glucagon-like peptide-1 receptor agonists (GLP-1 RAs) or sodium-glucose cotransporter-2 inhibitors (SGLT2is), but few actually receive these medications, according to a research letter in the *Annals of Internal Medicine*.

The researchers analyzed data on 1330 adults with T2D from the National Health and Nutrition Examination Survey 2017–2020. Of these adults, 82.3% of patients met recommended criteria for GLP-1 RA or SGLT2i treatment. Criteria were met by all patients with established or high risk for atherosclerotic cardiovascular disease (ASCVD), heart failure, or chronic kidney disease (CKD). Ninety-seven percent of patients aged 65 years or older met treatment criteria, as did 70% of younger patients. Treatment criteria were met by 94.5% of Medicare patients.

Only 9.1% of patients were receiving either of these medications between 2017 and 2020, a time when they were not recommended for first-line treatment in many patients who would now be considered eligible. Treatment rates were 5.3% for SGLT2is and 3.7% for GLP-1 RAs.

Based on level A evidence, a 2022 consensus report by the American Diabetes Association and the European Association for the Study of Diabetes recommended GLP-1 RA treatment for patients with T2D with established or high risk for ASCVD. The report also recommended SGLT2is for patients with established ASCVD, CKD, or heart failure or high risk for ASCVD.

This study suggests that most US adults with T2D would meet those treatment criteria, including nearly all Medicare beneficiaries. During the period studied, only approximately 9% of eligible patients were receiving GLP-1 RAs or SGLT2is.

"However, at current drug pricing, using these two new medications as first-line agents among all eligible patients with T2D may not be cost-effective," the researchers conclude. "[A]n assessment of cost-effectiveness may assist better targeting of interventions to achieve the greatest effect at a sustainable cost" [Tang S, et al. Recommended and prevalent use of glucagon-like peptide-1 receptor agonists and sodium-glucose cotransporter-2 inhibitors in a national population-based sample. *Ann Intern Med*, published online ahead of print February 28, 2023. doi: 10.7326/M22-3051; https://www.acpjournals.org/doi/10.7326/M22-3051].

"No Opioids" for Major Urologic Cancer Surgery?

A "no-opioid" strategy greatly reduces the percentage of patients receiving opioid prescriptions after surgery for renal, bladder, or prostate cancer, reports a study in *JAMA Surgery*.

The cohort study included 647 opioid-naive patients undergoing open or minimally invasive radical cystectomy, radical or partial nephrectomy, or radical prostatectomy at the authors' referral center between 2017 and 2021. In a pre-intervention period (2017–2018), 202 patients were treated, 100 during an initial feasibility study or lead-in period (2019), and 384 during the intervention period (2020–2021). The no-opioid intervention consisted of a pre-admission educational handout and post-discharge instructions for using non-opioid analgesics, without a routine opioid prescription. Acetaminophen and ibuprofen were the main non-opioid analgesics used.

The rate of opioid prescriptions at discharge decreased from 80.9% in the pre-intervention period to 57.9% during the lead-in period and to 2.2% in the intervention period. Median tablets prescribed were 14, 4, and 0, respectively. For procedures performed during the intervention period, mean and median opioid dose was 0 tablets for prostate and bladder surgery. The mean number of tablets prescribed was 0.6 for open surgery and 0.3 for robotic kidney surgery.

The intervention did not increase calls or unplanned clinic or emergency department visits due to pain. Patient surveys from the no-opioid period showed low pain scores (mean 2.5) and high satisfaction scores. Of 10 patients in the intervention group who received additional opioid prescriptions, 8 had undergone kidney surgery.

The no-opioid intervention—focused on pre-operative instruction and non-opioid alternatives—greatly reduced the use of opioid medications after major abdominopelvic surgery. The experience suggests that routine discharge opioid prescriptions can be eliminated with good pain control, low complication rates, and high patient satisfaction [Mian BM, et al. Implementation and assessment of no opioid prescription strategy at discharge after major urologic cancer surgery. *JAMA Surg*, published online ahead of print February 8, 2023. doi: 10.1001/jamasurg.2022.7652; https://jamanetwork.com/journals/jamasurgery/fullarticle/2801213].

No Reduction in Recurrent Kidney Stones with Hydrochlorothiazide

In patients with recurring kidney stones, hydrochlorothiazide does not reduce the incidence of further recurrences compared with placebo, reports a clinical trial in *The New England Journal of Medicine*.

The trial enrolled 416 adult patients with recurrent kidney stones with at least two episodes over the past 10 years and any previous stone containing at least 50% calcium oxalate and/or calcium phosphate. Patients were randomly assigned to receive once-daily hydrochlorothiazide at a dose of 12.5, 25, or 50 mg or placebo. A primary composite end point of symptomatic or radiologic kidney stone recurrence was evaluated at a median follow-up of 2.9 years.

No dose of hydrochlorothiazide was effective in reducing the risk of recurrent kidney stones. Compared with the 59% incidence with placebo, recurrence rates with hydrochlorothiazide were 59% at the 12.5-mg dose, 56% at the 25-mg dose, and 49% at the 50-mg dose. The symptomatic recurrence rate was similar across groups, with a 34% rate in the placebo group. The radiologic recurrence rate—a composite of stone growth or new stone formation—was lowest in the hydrochlorothiazide 25- and 50-mg dose groups.

Patients receiving hydrochlorothiazide had higher rates of hypokalemia, gout, new-onset diabetes, skin allergy, and plasma creatinine >150% of baseline. Serious adverse events were no more common with hydrochlorothiazide versus placebo.

Kidney stones are a common and frequently recurrent problem. Hydrochlorothiazide is widely prescribed to prevent recurrent stones, despite limitations of the research on this issue.

This randomized, placebo-controlled trial finds no significant reduction in the frequency of recurrent kidney stones in high-risk patients taking hydrochlorothiazide. This is so across the range of once-

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