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Summary

LOW DOSE LIRAGLUTIDE WITH PRAGMATIC DOSE ESCALATION ACHIEVES REMISSION IN MORE THAN HALF OF 27 PATIENTS WITH SEQUESTRANT-REFRACTORY BILE ACID DIARRHOEA: A CASE SERIES

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In a prospective study of 27 patients with bile acid diarrhoea refractory to sequestrants, second-line liraglutide with pragmatic dose-escalation achieved remission in 56% of patients, with 11 of 15 responders requiring less than the maximum 1.8 mg daily dose.

KEY POINTS

- Fifteen of 27 patients (56%) achieved remission, defined as fewer than 1 watery bowel movement and fewer than 3 total bowel movements daily.
- Liraglutide was started at 0.6 mg daily and increased in 0.6 mg increments every two to three weeks to a maximum of 1.8 mg daily in patients without remission or significant adverse events.
- Of the 15 patients achieving remission, 11 did not require the maximum dose: 4 of 5 patients on 0.6 mg, 7 of 9 on 1.2 mg, and 4 of 13 on 1.8 mg achieved remission.
- Geometric mean total bowel movements decreased from 6.5 at baseline to 2.8 at end of follow-up, and watery bowel movements decreased from 5.1 to 0.8 (both $p < 0.0001$).
- All enrolled patients had bile acid diarrhoea diagnosed by SeHCAT retention below 15% or history of small bowel resection and were intolerant to or had failed treatment with colestyramine and/or colesevelam.

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