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Sequential Incretin Therapy to Overcome Weight Plateau in Non-Ischemic Dilated Cardiomyopathy: A Cardiometabolic Strategy

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Introduction:

Obesity drives cardiometabolic risk, systemic inflammation, and myocardial remodelling in non-ischemic dilated cardiomyopathy (NICM). GLP-1 and dual GIP/GLP-1 agonists improve weight and metabolic parameters, but weight-loss plateaus are common, posing a management challenge in high-risk patients with HFrEF. Sequential incretin therapy offers a practical strategy to overcome these adaptive plateaus while maintaining cardiovascular stability.

Case Presentation:

45-year-old male police with obesity (BMI 38 kg/m²), hyperlipidemia, and NICM (EF 34%) on 4 pillars of guideline-directed medical therapy was evaluated for metabolic optimization. Coronary angiogram (Feb 2025) normal epicardial arteries. Lipoprotein(a) at 111 mg/dL hsCRP 21. Persistent neutrophilia/monocytosis under hematology evaluation. He was initiated on subcutaneous Tirzepatide 2.5 mg weekly, titrated to 5 mg, resulting in 4 kg weight loss followed by 2 months plateau. Due to persistent hyperphagia and suboptimal metabolic response, therapy was transitioned to Ozempic 1 mg weekly for 1 month, then Wegovy (semaglutide) 1.7 mg weekly.

Results:

Following the switch, appetite suppression improved with reduction in “food noise.” Weight decreased from 105→99kg (BMI 38 → 36), HbA1c improved 6.8%→5.8%. WCC reduced 20 →14. He remained hemodynamically stable, NYHA class I.

Echocardiogram after 1 year:

Systolic function stable (EF 34→35%). Diastolic parameters improved, E/A ratio increased 0.72→1.1, average E/e’ reduced 13→11.3, and LA volume index reduced 30→ 29 mL/m². LV structure and wall thickness remained normal.

Conclusion:

In stable NICM with obesity, sequential incretin therapy may overcome weight-loss plateaus, improve metabolic parameters, and support mild diastolic improvement without compromising heart failure stability. Thoughtful selection and titration of incretin therapy can be a valuable cardiometabolic optimization strategy in HFrEF patients.