Hotlines in Cardiometabolic Disease

[高雄場]
時間：114 年 1 月 18 日(星期六) 09:00-12:00
地點：高雄林皇宮 2F 匯通廳 (高雄市鼓山區博愛二路 99 號)

Time	Topic	Speaker	Chair
09:00~09:10 (10")	Opening Remarks	李貽恒	
09:10~09:40 (30")	Obesity, Diabetes and Cardiovascular Diseases	洪崇烈	林維文
09:40~10:10 (30")	Mechanism of Incretin-based Therapy including GLP-1 & GIP	林柏霖	林維文
10:10~10:20 (10")	Healthy Break		
10:20~10:50 (30)	Evidence of GLP-RA	蘇峻弘	林宗憲
10:50-11:20 (30")	Evidence of Dual GIP/GLP-1 RA	朱俊源	林宗憲
11:20~11:50 (30")	Panel Discussion	林宗憲	
11:50~12:00 (10")	Closing Remarks	陳志成	

洪崇烈 醫師

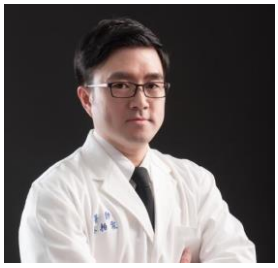
現職：
馬偕紀念醫院遠距暨居家照護中心主任
馬偕紀念醫院心血管中心 超音波影像學兼遠距醫療主任
馬偕紀念醫院心血管中心 心臟衰竭暨影像醫學科主任
馬偕紀念醫院心血管中心 資深主治醫師
教育部部定教授
馬偕生醫所教授
中華民國醫用超音波學會監事
台灣心臟超音波學會監事
台灣老人急重症醫學會副秘書長
中華民國心臟學會心臟影像委員會委員
中華民國心律學會植入性心臟儀器委員會委員
中華民國心臟學會(TSOC)、中華民國醫用超音波學會(JMU)、老人急重症(IJG)等雜誌編輯

主要學歷：
國立臺灣大學醫學院醫學系 醫學士
國立臺灣大學公共衛生學院 碩士
國立陽明大學臨床醫學研究所醫學博士
美國梅奧醫院(Mayo Clinic)心臟衰竭中心訪問學者
美國哈佛大學 Brigham and Woman's Hospital 研究員及訪問學者

主要經歷：
中華民國內科專科指導醫師
中華民國心臟內科專科指導醫師
中華民國醫用超音波學會指導醫師
台灣心臟超音波學會指導醫師
心臟電生理暨介入治療專科醫師
台灣心血管介入專科醫師
馬偕紀念醫院 心臟內科總醫師
馬偕紀念醫院 內科住院醫師
台灣大學附設醫院 實習醫師

主項目或專長：
心血管影像及功能評估、心臟超音波學、心衰竭、心肌病變、植入式心臟儀器監測、遠距醫療

Speaker Resume / Biography



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EDUCATION:

1. MD, CHUNG -SHAN MEDICAL UNIVERSITY; 中山醫學大學醫學系
2. Master, Department of biomedical engineering, Chung Yuan Christian University 中原大學生物醫學工程碩士
3. Ph. D., Department of Biological Science and Technology, National Yang Ming Chiao Tung University 陽明交通大學生物科技博士

PROFESSIONAL EXPERIENCES

2011	Taiwan board of cardiac electrophysiology and intervention
2009	Taiwan board of interventional cardiologist
2008	Member of Taiwan Society of Geriatric Emergency & Critical Care Medicine
2008	Member of Taiwan Society of Echocardiography
2008	Taiwan board of cardiology
2006	Taiwan board of internal medicine

Selected Publication

1. An Experience of Catheter-Induced Aortocoronary Dissection Complicated by Subtle Coronary Perforation. **Acta Cardiol Sin 2008; 24:164-168**
2. Prolonged Cardiopulmonary Resuscitation Process and Lower Frequency of Medical Staff Visit Predicts Independently In-hospital Resuscitation Success in the Elderly Population. **International Journal of Gerontology 6(2012)169-173**
3. Fractional Flow Reserve Assessment of a Significant Coronary Stenosis Masked by a Downstream Serial Lesion. **Case Reports in Cardiology Volume 2016(2016), Article ID 1987238, 4 pages.**
4. Non-pharmacologic Management of Structural Heart Disease. **J Intern Med Taiwan 2017; 28: 218-222**
5. Relations between baseline burden, maximum duration, and relative reduction of atrial fibrillation: Insights from continuous monitoring in rhythm control. **J Cardiovasc Electrophysiol 2019;1-5.**
6. Effect of Radiofrequency-Based Renal Denervation: The Impact of Unplanned Medication Change from a Systematic Review and Meta-Analysis. **Acta Cardiol Sin 2019; 35:14415** Effectiveness of a Non-Taped Compression Dress in Patients Receiving Cardiac Implantable Electronic Devices. **Acta Cardiol Sin 2019; 35:320- 324**
7. Effectiveness of a Non-Taped Compression Dress in Patients Receiving Cardiac Implantable Electronic Devices. **Acta Cardiol Sin 2019; 35:320-324**
8. Preliminary study a non-invasion method on early cardiac energy defect based on Hilbert Huang Transform. **Med Hypotheses.2020 Nov;144:110205.**

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專長：
高血壓、糖尿病、高血脂症
冠狀動脈疾病(含心肌梗塞)、心律不整、心臟衰竭
心導管介入治療
(含冠狀動脈、週邊血管、頸動脈支架置放術)
心律調節器植入手術

學經歷：
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現任職稱

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委員會委員臺灣心肌梗塞學會:副秘書長, 教育委員會, 編輯委
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學歷

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經歷

國立臺灣大學醫學院附設醫院心血管中心短期進修(Carotid stenting, Endomyocardial biopsy) 2014 日本大阪国立循環器病研究センター (National Cardiovascular Center, NCVC) 短期進修 (Balloon pulmonary angioplasty for CTEPH) 2018
日本岡山醫學中心(Okayama Medical Center) 短期進修 (Balloon pulmonary angioplasty for CTEPH) 2019
行政院衛生署屏東醫院內科加護病房主任 2011-2012
高雄醫學大學附設醫院心臟血管內科心導管室主任 2018.8.1~2019.7.31 & 2020.8.1~2021.7.31
臺灣介入性心臟血管醫學會第八屆甄審委員會委員 2020~2022
臺灣介入性心臟血管醫學會第七屆第八屆副秘書長 2020~2024

Mechanism of Incretin-based Therapy including GLP-1 & GIP

Glucagon-like peptide-1 receptor agonists (GLP-1RAs) have emerged as promising therapeutic agents for heart failure (HF). These medications, initially developed for the treatment of type 2 diabetes, have been shown to exert cardioprotective effects beyond their glycemic control benefits. Today's speech will discuss the results of key clinical trials investigating the use of GLP-1RAs in HF.

FIGHT Trial

The the Functional Impact of GLP-1 for Heart Failure Treatment (FIGHT) trial was a large-scale, randomized controlled trial that evaluated the efficacy of liraglutide in patients with HF with reduced ejection fraction (HFrEF). The primary endpoint was the composite of cardiovascular death and hospitalization for HF. Liraglutide did not significantly reduce the risk of the primary endpoint, and it also did not improve several secondary outcomes, including quality of life, exercise capacity, and certain biomarkers of heart failure.

LIVE Trial

The Effect of Liraglutide on Left Ventricular Function in Stable Chronic Heart Failure Patients with and without Diabetes (LIVE) trial was another multicentre, dou ble-blind, randomised, placebo-controlled clinical trial to investigate the effects of liraglutide in patients with HFrEF. The primary endpoint was the change of LVEF after 24 weeks treatment of liraglutide. Similar to FIGHT trial, liraglutide failed to improve LVEF in patients with HFrEF.

Summary of Clinical Trial Results

Overall, the results of clinical trials investigating the use of GLP-1RAs in HF have been mixed. While some studies have shown benefits in terms of reducing cardiovascular events, improving quality of life, and enhancing exercise capacity, others have not. The reasons for these discrepancies may be related to differences in patient populations, study designs, and the specific GLP-1RA used.

Implications for Clinical Practice

Despite the mixed results, GLP-1RAs may still have a role to play in the management of HF. For obese patients with HFmrEF and HFpEF, semaglutide appears to be a promising therapeutic option. However, the optimal use of GLP-1RAs in HF remains to be determined.

Evidence of GLP-RA

Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) have become essential therapies for type 2 diabetes mellitus (T2DM) due to their multifaceted benefits. Beyond improving glycemic control via glucose-dependent insulin secretion, GLP-1 RAs offer significant cardiovascular and renal protection. Landmark trials such as LEADER, SUSTAIN-6, and REWIND demonstrated that agents like liraglutide, semaglutide, and dulaglutide reduce HbA1c levels while lowering the risk of major adverse cardiovascular events (MACE), including cardiovascular death, myocardial infarction, and stroke. These findings make GLP-1 RAs a preferred option for diabetic patients at high cardiovascular risk.

In chronic kidney disease (CKD), GLP-1 RAs effectively slow disease progression. Trials such as FLOW (semaglutide) and AMPLITUDE-O (efpeglenatide) showed reductions in albuminuria, slower GFR decline, and decreased risk of kidney failure. These benefits are mediated through glycemic control, blood pressure regulation, anti-inflammatory effects, and direct renal actions. Consequently, GLP-1 RAs are increasingly critical for managing diabetic kidney disease.

For obesity management, GLP-1 RAs have been transformative. They suppress appetite and enhance satiety, leading to significant weight loss. The STEP trials (semaglutide) demonstrated substantial weight reductions. These results position GLP-1 RAs as leading pharmacological options for obesity, with additional benefits of improved metabolic health and reduced cardiovascular risk.

Emerging evidence suggests a role for GLP-1 RAs in heart failure, particularly in reducing hospitalizations for preserved or reduced ejection fraction.

In summary, GLP-1 RAs have evolved from diabetes treatments to versatile agents addressing hyperglycemia, obesity, cardiovascular risk, and CKD. Their broad therapeutic applications underscore their importance in managing complex cardiometabolic conditions, with ongoing research likely to expand their potential further.