NEWSLETTER 18

GLP-1 Therapies Enter the CKM Guideline

For the first time, GLP-1-based therapy is recommended to reduce cardiac events

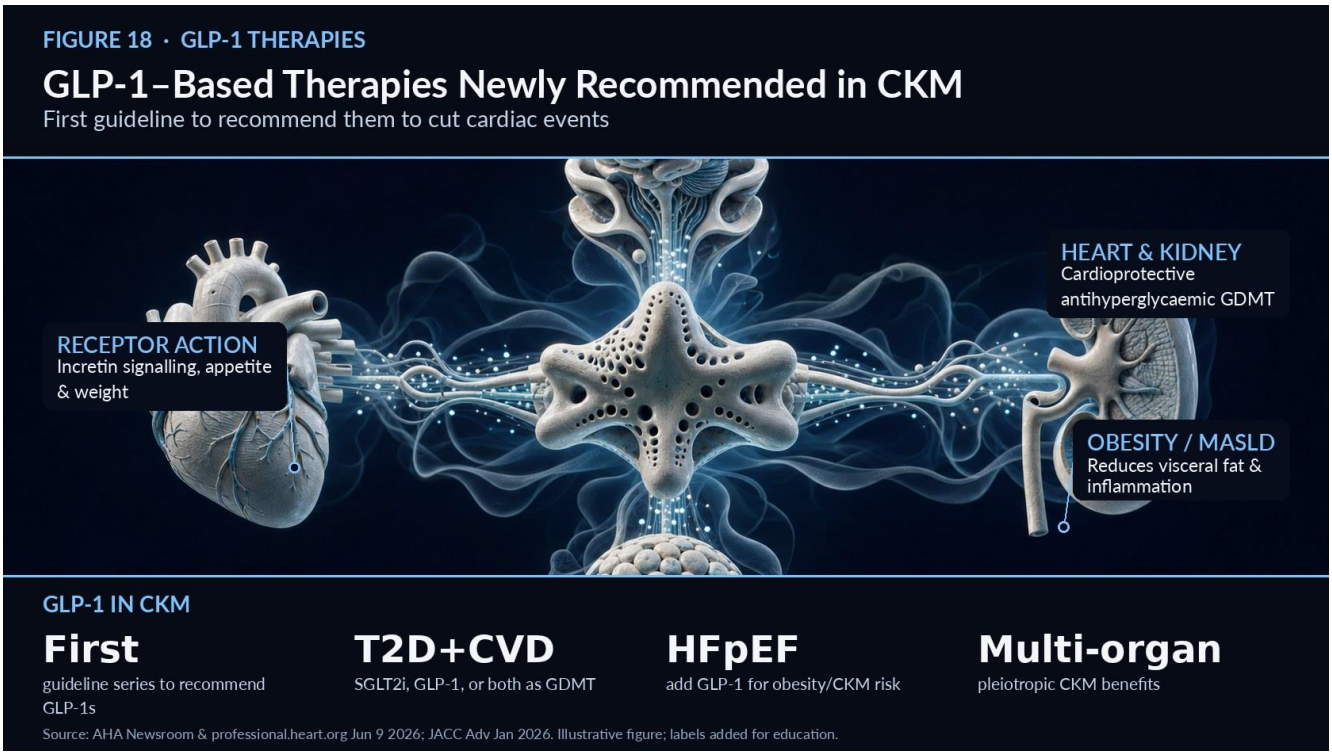

Figure 18. GLP-1 Therapies Enter the CKM Guideline — mechanism overview (illustrative; labels added for education).

A landmark feature of the 2026 guideline is the formal arrival of GLP-1-based therapies. For the first time in this guideline series, GLP-1-based therapies are recommended for select individuals with obesity and/or type 2 diabetes and other cardiovascular risk factors, specifically to reduce the risk of cardiac events.[1] This marks a shift from viewing these agents as glucose- or weight-lowering drugs to recognising them as cardiovascular therapies.

The placement within therapy is nuanced. In type 2 diabetes with or at increased risk for cardiovascular disease, the guideline recommends cardioprotective antihyperglycaemic therapy—SGLT2 inhibitors, GLP-1-based therapy, or both—chosen according to comorbidities such as CKD, ASCVD, heart failure, obesity, hyperglycaemia, and MASLD.[2] Rather than a rigid hierarchy, this is comorbidity-guided selection.

GLP-1 therapies also have defined roles in organ-specific disease. For CKD with persistent albuminuria, a nonsteroidal MRA or GLP-1-based therapy should be added to RAS inhibitors plus SGLT2 inhibitors; in HFpEF, GLP-1 therapies are added for patients with obesity or other CKM risk factors.[2] These recommendations reflect trial evidence across the kidney and heart-failure spectra.

The scientific rationale is multi-organ. Ndumele lists SGLT2 inhibitors, GLP-1-based therapies, and nonsteroidal MRAs as increasingly effective medications benefiting multiple body systems, and GLP-1 drugs specifically reduce visceral fat, inflammation, and cardiovascular risk—bringing genuine multi-organ benefit to the CKM framework.[3,4]

The inclusion criterion is deliberately broad but not indiscriminate: GLP-1-based therapy is recommended for select individuals with obesity and/or type 2 diabetes who also carry cardiovascular risk factors, reflecting the trial populations in which cardiac benefit was demonstrated.[1] By allowing SGLT2 inhibitors, GLP-1 therapy, or both—chosen by comorbidity profile—the guideline avoids a one-size-fits-all mandate and instead lets the patient's dominant problem (kidney, heart failure, obesity, or atherosclerosis) steer the choice.[2]

A dedicated *JACC Advances* review frames GLP-1 receptor agonists as agents with pleiomorphic effects that encourage a holistic CKM treatment approach, integrating metabolic, renal, and cardiovascular goals in a single therapy.[5] For clinicians, the guideline's endorsement legitimises using GLP-1-based therapy not merely for glycaemic or weight targets, but as a deliberate strategy to reduce hard cardiovascular and kidney outcomes across the CKM continuum.

References

1. First-ever guideline on CKM syndrome issued, AHA Newsroom, June 9, 2026. https://newsroom.heart.org/news/first-ever-guideline-on-cardiovascular-kidney-metabolic-syndrome-issued
2. 2026 CKM Guideline — Top Things to Know, professional.heart.org, June 9, 2026. https://professional.heart.org/en/science-news/2026-guideline-for-the-prevention-detection-evaluation-and-management-of-ckm-syndrome/top-things-to-know
3. New guideline reframes weight as health risk, AHA Newsroom, June 9, 2026. https://newsroom.heart.org/news/new-guideline-reframes-weight-as-health-risk-tied-to-diabetes-kidney-and-heart-conditions
4. A new guideline links care for heart, kidney and metabolic diseases, Science News, June 10, 2026. https://www.sciencenews.org/article/heart-diabetes-kidney-disease-treatment
5. The Role of GLP-1 Receptor Agonists in the Treatment of CKM Syndrome, JACC Adv, Jan 2026 (PMID 41609289). https://pubmed.ncbi.nlm.nih.gov/41609289/
6. First-Ever Guideline Addresses CKM Syndrome, ACC.org Journal Scan, June 9, 2026. https://www.acc.org/latest-in-cardiology/journal-scans/2026/06/08/17/44/first-ever-guideline-addresses-ckm-syndrome