



# Navigating Modern Diabetes Management

Patient Case in T2D



**Frank**

**66-year-old male**

22-year history of type 2 diabetes

**Comorbidities**

Hypertension, dyslipidemia, GERD, lower back pain, depression, CAD: silent MI found on ECG and confirmed with echo, left ventricular ejection fraction 48%

**Medications**

Metformin, gliclazide, sitagliptin, ramipril, amlodipine, indapamide, pantoprazole, ASA, atorvastatin, sertraline & aripiprazole, acetaminophen with prn codeine

**Exam**

5'11", 267 lbs, BP at target, A1C: 7.7%, eGFR: 45 mL/min/1.73m<sup>2</sup>, urinalysis: 1+ protein; ACR 62 mg/mmol, LCL-C et target

**Medical regimen for safety and compliance**

**CV management and protection**

**Glycemic management**

**Renal management and protection**

## Key Pearls from this Case

- › Target A1C < 7.0% and if possible < 6.5% to prevent CV and renal complications if this does not lead to hypoglycemia
- › SGLT-2 inhibitors or certain GLP-1 receptor agonists (liraglutide, semaglutide, dulaglutide) are beneficial as add on to metformin for use in patients with history of clinical CV disease.
- › SGLT-2 inhibitors or certain GLP-1 receptor agonists (liraglutide, semaglutide, dulaglutide) appear to offer renal protection.
- › Antihyperglycemic medication doses need to be monitored closely and adjusted in setting of declining renal function.
- › Remember sick day counselling for acute intercurrent illness in people with diabetes

## Program Resources and Materials

Please visit the following resource page that contains Diabetes Canada resources and tools, several other diabetes resources including a summary of the major CV outcome trials, and article links to the key clinical trials.



Visit [www.navigatingmodernndiabetes.com](http://www.navigatingmodernndiabetes.com)

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