Clinical Champion Update

Date: 4/27/23 *Subject: Diabetes*

PATIENT CASE:

This is an 80 y.o. male with history of type II diabetes, a-fib, cardiomyopathy, CKD (GFR now 40), asthma. He has a developmental disability and lives in a group home. He was hospitalized about a year ago with acute renal failure and his metformin was discontinued. Since then his diabetes has been poorly controlled. He also moved into a new group home where they are not as vigilant about watching his diet. He continues to go out and about in the community, volunteers at a local restaurant and frequently enjoys burgers and fries.

Meds: Allopurinol, diltiazem, losartan, xarelto, asthma inhalers and vitamins.

He had been on glipizide and metformin which were discontinued after his last hospitalization.

His A1C went up to 9.4 several months after stopping the metformin. Previous to that time he had been very well controlled. Patient cannot take any injectables - staff in the group home are not trained to give injectable meds.

? what to add

OPTIONS (keep in mind there are no right/wrong answers):

1. **Add an oral semaglutide (Rybelsus) which would most likely get him close to goal by dropping his A1C 1.5-2 points. Cons - have to take the pill whole (no crushing) with 4 oz water and no eating for at least 30 mins afterwards. May not be covered by his insurance.**
2. **Add an SGLT-2 Inhibitor such as jardiance - this could actually help with his CKD, but might not be as effective at lowering his A1C. Cons - potential for increased urinary frequency, infections, dehydration.**
3. **Add back low dose metformin - he did tolerate this for many years but would need a lower dose due to his CKD with close monitoring.**
4. **Restart low dose glipizide. He has also tolerated this in the past. Cons - potential for symptomatic hypoglycemia.**
5. **Add a DPP-4 Inhibitor. Tradjenta is oral, safe with CKD. Cons - minimal effect on the A1C (0.5 - 0.8)**

I opted to start low dose Jardiance which he is tolerating well and will most likely add back low dose metformin. His A1C is trending back towards the 7's.

Diabetes management is complicated. Please make sure to check out the resources on the Intranet page including the medication cheat sheet. Reach out to providers who are comfortable with managing diabetes, or to Pat Iverson if you have questions.

Finally - don't forget the diabetic eye exams! Have your MAs reach out to obtain records from local eye physicians and/or encourage your patients to schedule when they are due.

Trisha Rogers and Betsy Green