TYPE 2 DIABETES OUTPATIENT MANAGEMENT

Dr. Emily Gutowski Case Présenter

Dr. Anna Goldman Endocrinologist



TYPE 2 - INSULIN RESISTANCE

RISK FACTORS

HTN Obesity Family history Pre-diabetes Metabolic Syndrome

SYMPTOMS

Polyuria **Polydipsia**

DIAGNOSTIC WORKUP

PREDIABETES

>6.5%

5.7 - 6.4%

DIABETES

>126 mg/dL

FASTING

100 - 125 mg/dL 100 - 199 mg/dL

>200 mg/dL

2H OGTT

HbA1C

PHYSICAL EXAM

ACANTHOSIS NIGRICANS

-VELVETY HYPERPIGMETNTED SKIN **INSULIN RESISTANCE**

METABOLIC SYNDROME (≥3/5)

- ABDOMINAL OBESITY

- HTN

- HIGH FAST GLUCOSE

- LOW HDL

- HIGH TRIGLYCERIDES

SURVEILLENCE

NEPHROPATHY - Urine Microalbumin/Cr Ratio (UACR)

RETINOPATHY

- Yearly Ophthalmologist Exam

NEUROPATHY

- Yearly Podiatrist Exam - pulses, ulcers, monofilament UKPDS 33 Trial , 1998

LANDMARK

STUDIES

HbA1c < 7% lowers the likelihood of microvascular complications.

ACCORD TRIAL, 2008

Target A1C = <7%

Intensive HbA1c in T2DM patients increases mortality compared to standard targets. 🗲

START

LIFESTYLE INTERVENTION

150-300min / week of moderate-intesity aerobic activity or equivalent (ACC)

DIETARY MODIFICATION

Eating a generally healthy diet Calorie restriction

Not at target with conservative measures

METFORMIN First Line - Monotherapy

Decreases gluconeogenesis Insulin-sensitizing in Adipose tissue + Skeletal m.

Wŧ Neut

GI Symptoms - Titrate slowly to avoid

Lactic Acidosis

-Increased with renal dysfunction ш



Increases endogenous insulin secretion Inexpensive medications

Wt Gain

Weight Gain

ш Hypoglycemia



Consider for Multiple Drug Therapy

DDP4i / GLP-1

Incretin effect Cardiovascular + Renal protective Robust weight loss



Nausea / Vomiting

(typically does not result in discontinuation of therapy)



SGLT2i

↓ Glucose reuptake in Kidneys Cardiovascular + Renal protective Beneficial in heart failure



Lispro

Risk of Fournier's gangrene (rare) **GU** infections

Glulisine



Multiple Agent Failure

START Long-acting Basal Insulin -Targeting fasting hyperglycemia

Glargine Detemir Degludec



If basal insulin is insufficient alone:

- Add Rapid-Acting Insulin with largest meal of day Aspart

