

Achieving individualized glycemic targets in patients with T2D: What are the key considerations?

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A conversation between:



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What are the challenges of achieving glycemic control in patients with T2D and how can they be overcome?

Dr Joanna Van



What are the key consequences of poor glycemic control?

Poor glycemic control

Microvascular complications¹



Neuropathy



Retinopathy



Nephropathy

Macrovascular complications¹



Cardiovascular
disease



Cerebrovascular
disease

Poor glycemic control is the leading cause of diabetes-related complications and death, and is directly related to higher total healthcare, hospitalization and medication costs.^{2,3}

What are the obstacles to achieving glycemic targets?

Patient-related

- Denial of disease
- Lack of awareness of progressive nature
- Lack of education on glycemic control
- Fear of treatment side effects
- Treatment costs
- Adherence
- Fear of needles



Clinical Inertia



Physician-related

- Time constraints
- Concerns over cost of therapy/testing
- Reactive instead of proactive care
- Lack of understanding of new therapies
- Lack of guidance on individualized therapy



Healthcare system-related

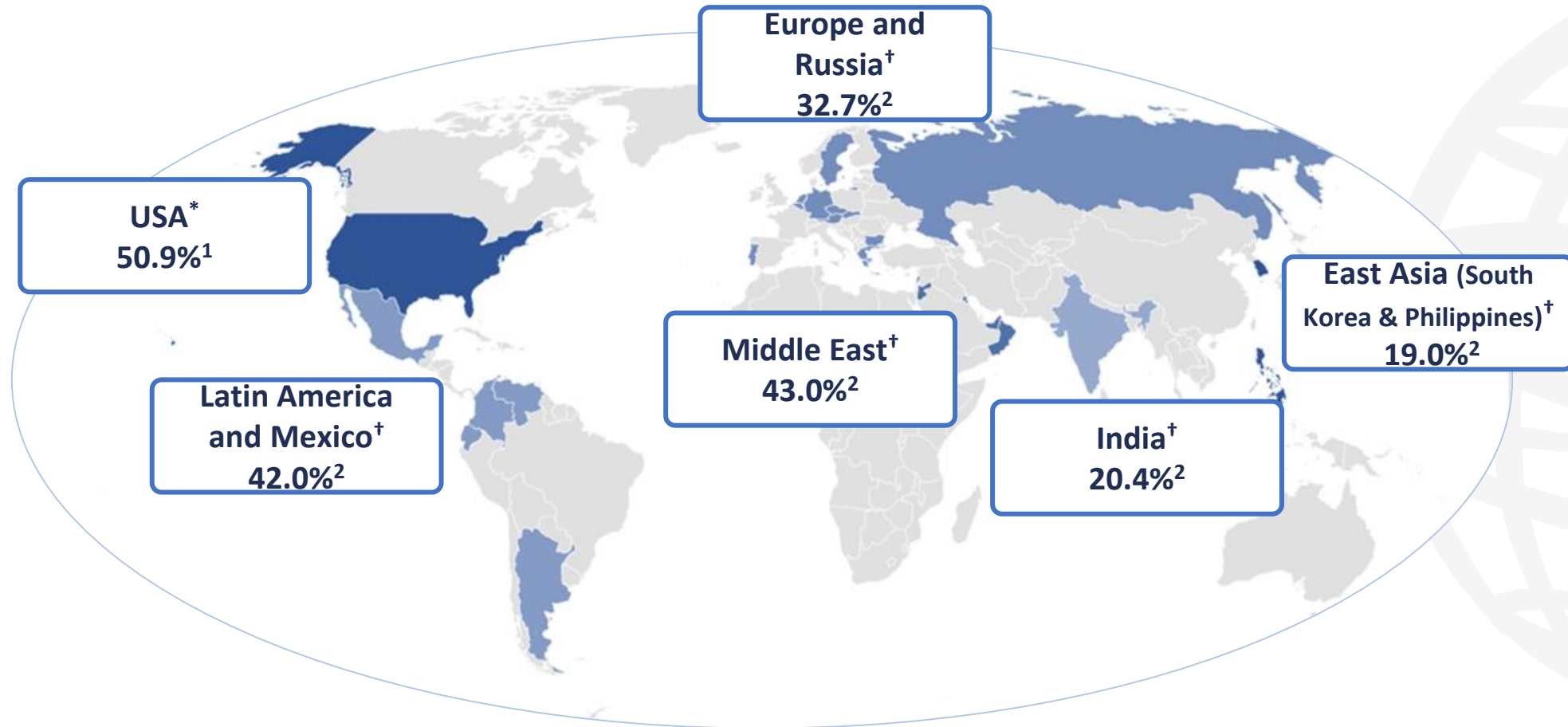
- No clinical guidelines
- No visit planning
- No active outreach to patients
- No team approach to care
- Poor communication between physician and staff

How can individualized glycemic targets for patients with T2D be set and implemented in clinical practice?

Dr Joanna Van



How many patients globally achieve A1c targets of <7.0%?

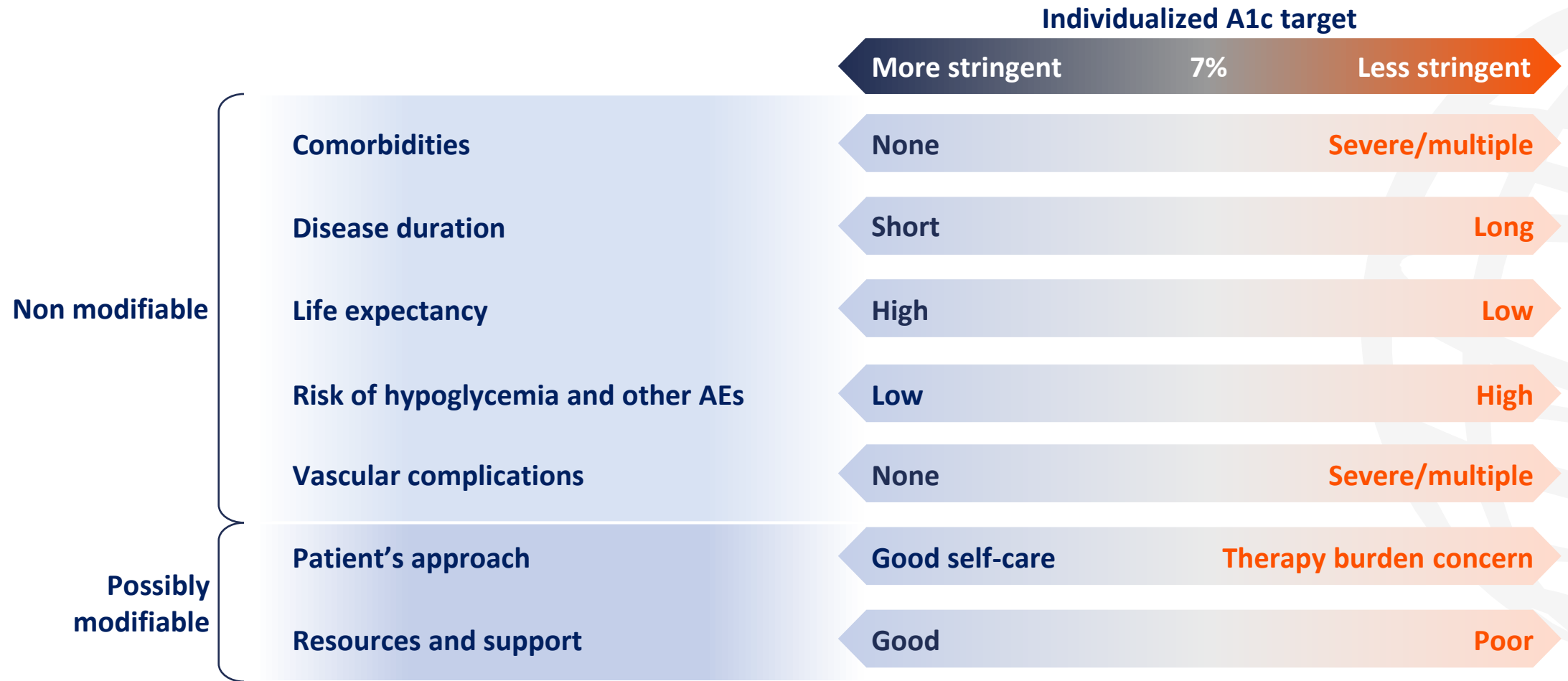


*Average over 3 years; †average over 1 year.

A1c, glycated hemoglobin.

1. Carls G, et al. *Diabetes Ther.* 2017;8:863–73; 2. Brath H, et al. *Nutr Diabetes.* 2016;6:e217.

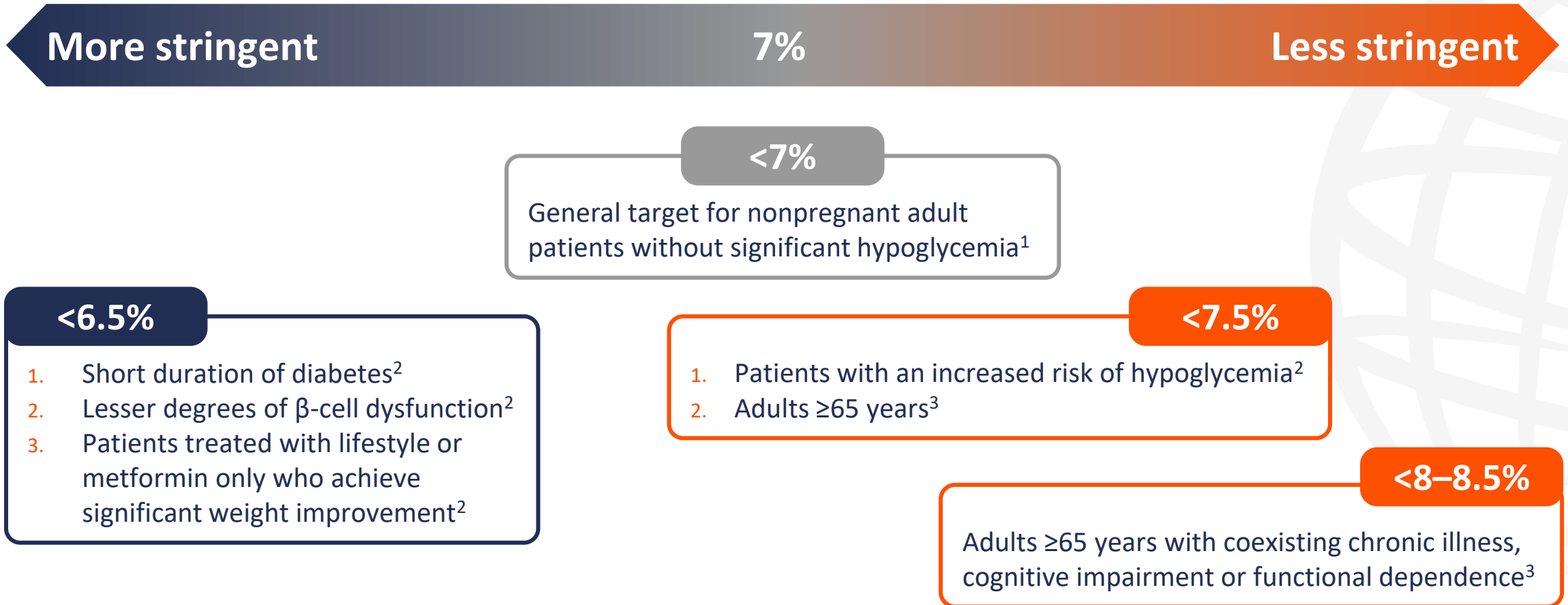
Which factors influence the selection of an optimal A1c target?



A1c, glycated hemoglobin; AE, adverse event.
 American Diabetes Association. *Diabetes Care*. 2021;44(Suppl. 1):S73–84.

What are the optimal A1c targets for different patient groups?

Individualized A1c target



A1c, glycated hemoglobin.

1. American Diabetes Association. *Diabetes Care*. 2021;44(Suppl. 1):S73–84; 2. American Diabetes Association. *Clin Diabetes* 2020;38:10–38;

3. American Diabetes Association. *Diabetes Care*. 2021;44(Suppl. 1):S168–79.

What treatment options are available to help safely achieve glycemic targets in patients with T2D?

Dr Joanna Van



What treatments are available?

If A1c target is not achieved with metformin after 3 months¹



ASCVD or high
ASCVD risk



HF or CKD
predominates



Need to reduce
hypoglycemia



Need to
minimize
weight gain or
promote
weight loss



Cost
considerations

GLP-1 RA or SGLT2i

SGLT2i

If not tolerated,
select GLP-1 RA with
CVD benefit

**GLP-1 RA, SGLT2i,
DPP-4i or TZD**

GLP-1 RA or SGLT2i
If not tolerated,
select DPP-4i, based
on weight neutrality

TZD or SU

If A1c above target consider other therapies, including basal insulin

A1c, glycated hemoglobin; ASCVD, atherosclerotic cardiovascular disease; CKD, chronic kidney disease; CVD, cardiovascular disease; DPP-4i, dipeptidyl peptidase 4 inhibitor; GLP-1, glucagon-like peptide-1; HF, heart failure; RA, receptor agonist; SGLT2i, sodium-glucose co-transporter 2 inhibitor; SU, sulfonylurea; TZD, thiazolidinedione.

1. American Diabetes Association. *Diabetes Care*. 2021;44(Suppl. 1):S111–24.