

WEBINAR

CV RISK IN PATIENTS WITH TYPE 2 DIABETES & CVD

Getting to the heart of diabetes

Thursday, 18 October 2018

7.00 – 8.00pm AEDT



GETTING TO THE HEART OF DIABETES

The interdisciplinary discussion will focus on:

- ▶ Evidence-based strategies to reduce CV risk for patients with diabetes and CVD
- ▶ Advice on how to individualise choice of blood glucose-lowering agents
- ▶ The latest Australian blood glucose treatment algorithm for type 2 diabetes
- ▶ An update on the latest CV outcome trial data and how this impacts your practice

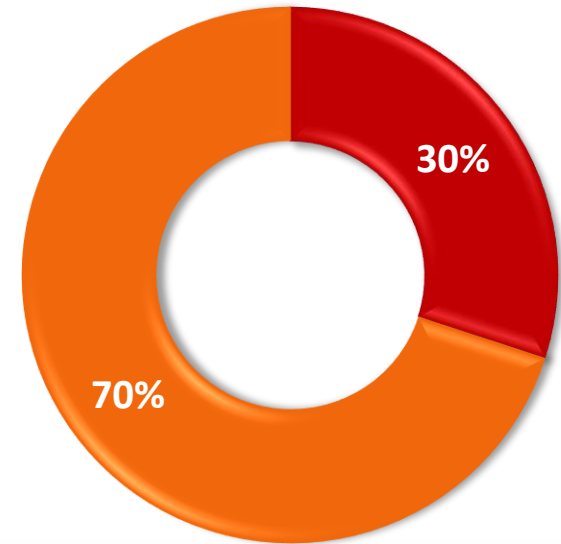


DIABETES & CVD

Common clinical presentations:

- ▶ Diabetes diagnosed at the time of a CV event
- ▶ Patients with long-standing diabetes who develop CVD

PATIENTS WITH TYPE 2 DIABETES IN AUSTRALIAN PRIMARY CARE¹



■ Established CVD ■ No established CVD

1. [Med J Aust.](#) 2007 Feb 5;186(3):128-30.

VISIT 1

- ▶ 57-year-old receptionist
- ▶ Asking for repeat prescriptions for her diabetes medicines
- ▶ You take her history, conduct an examination and request pathology tests



JUDY'S HISTORY

MEDICAL HISTORY

Type 2 diabetes – 5 years ago

NSTEMI & right coronary artery stent – 3 years ago

Elevated blood pressure – diagnosed at the time of NSTEMI

SOCIAL HISTORY

Divorced & lives alone, 2 adult married sons

Social drinker (2-3 glasses when out)

Walks 2-3 times a week and tries to be careful with her diet, has found it hard to lose weight

Current medicines list

MEDICINE	DOSE	INDICATION
Metformin immediate-release	1 g twice daily	Type 2 diabetes, for 5 years
Gliclazide MR	120 mg once daily	Type 2 diabetes, for 3 years
Telmisartan	40 mg once daily	Hypertension, secondary prevention of CVD
Aspirin	100 mg once daily	Secondary prevention of CVD

JUDY'S RESULTS

Examination

BP: 136/84 mmHg

Pulse rate: 70 bpm, regular

BMI: 28.1 kg/m²

No peripheral neuropathy

No retinopathy

Pathology results

eGFR > 90 mL/min/1.73m² (normal)

UACR < 3.5 mg/mmol (normal)

Pathology results continued

Lipid profile	Result	Target
Total cholesterol	4.3 mmol/L	< 4.0 mmol/L
LDL-C	2.4 mmol/L	< 1.8 mmol/L ^a
HDL-C	0.8 mmol/L	> 1.0 mmol/L
Non-HDL-C	3.5 mmol/L	< 2.5 mmol/L
Triglycerides	2.4 mmol/L	< 2.0 mmol/L
HbA_{1c}	67 mmol/mol (8.3%)	≤ 53 mmol/mol (≤ 7.0%) ^b

^a For secondary prevention

^b Targets should be individualised

AUDIENCE POLLING QUESTION

How would you manage Judy's glycaemic control?

- a) Increase the dose of her current diabetes medicines
- b) Add a third blood glucose lowering agent
- c) Replace one of her existing blood glucose lowering agents
- d) Don't change her medicines but counsel her on improving her diet and lifestyle

AUSTRALIAN BLOOD GLUCOSE TREATMENT ALGORITHM FOR TYPE 2 DIABETES

All patients should receive education regarding lifestyle measures: healthy diet, physical activity and weight control
 Determine the individual's HbA_{1c} target – this will commonly be ≤ 53 mmol/mol (7.0%).
 If not at target, or if an HbA_{1c} reduction of ≥ 0.5% is not achieved after 3 months, move down the algorithm.

First line: Metformin is the usual first-line therapy unless contraindicated or not tolerated



If HbA_{1c} target not achieved in 3 months:

- check and review current therapies, stop any that fail to improve glycaemic control
- check patient understanding and self-management
- review use of therapies
- exclude other comorbidities/therapies impacting on glycaemic control
- reinforce lifestyle measures

Second line: If metformin was not used first line, add it now, if not contraindicated.
 Choice of second line agent to add to metformin should be guided by clinical factors/considerations, contraindications, side effect profile and cost.



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Third line: Consider triple oral therapy or addition of GLP-1RA or insulin



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THEN

If on triple oral therapy

Switch ≥ 1 oral agent to GLP-1RA or insulin* or another oral agent†

OR

If on GLP-1RA

Change to basal or premixed insulin*

OR

Add basal or premixed insulin*

OR

If on basal insulin*

Add SGLT2 inhibitor or GLP-1RA or basal bolus or basal plus insulin or change to premixed insulin

PBS = Pharmaceutical Benefits Scheme, SU=sulfonylurea, TZD=thiazolidinedione, DPP-4 = dipeptidyl peptidase-4, GLP-1RA= glucagon like peptide 1 receptor agonist, SGLT2 = sodium glucose transporter.
 Dark blue boxes indicate usual therapeutic strategy (order is not meant to denote any specific preference); usual refers to commonly available, evidence based, cost effective therapy.
 White boxes indicate alternate approaches (order is not meant to denote any specific preference).
 Red outlines indicate the classes of glucose lowering agent that include PBS subsidised products.
 * Unless metformin is contraindicated, or not tolerated, it is often therapeutically useful to continue it in combination with insulin.
 † Switching an oral agent is likely to have the smallest impact on glycaemia.

t2d.diabetessociety.com.au

Lifestyle and metformin for type 2 diabetes

If you have type 2 diabetes, you may need to take medicines in addition to making lifestyle changes, to help keep your blood glucose levels under control. Follow these steps and talk with your health professional to make decisions about your treatment.

1 Informing your decision

Blood glucose levels that are consistently above the normal range can cause serious complications: vision loss, kidney disease, foot and leg problems, and an increased risk of stroke and heart disease. It's important to find the best treatment to keep your blood glucose levels within your target range.

For some people with type 2 diabetes, making sufficient lifestyle changes is enough to control blood glucose levels. For others, these changes will not be enough over time and a glucose lowering medicine may need to be considered.

Comparing your current options

Currently, you have two treatment options:

- ▶ making lifestyle changes, including healthy eating, achieving or maintaining a healthy weight, being physically active, stopping smoking and reducing alcohol use.
- ▶ taking a glucose-lowering medicine, called metformin, **as well as** making these lifestyle changes.

Use the table below to compare the benefits and risks of each treatment option.

LIFESTYLE CHANGES ALONE	METFORMIN AND LIFESTYLE CHANGES
What's involved? <ul style="list-style-type: none"> ▶ Follow the Australian Dietary Guidelines and eat a variety of nutritious foods. ▶ Be physically active for at least 30 minutes almost every day. ▶ Reach and maintain a healthy body weight. ▶ The extent of changes you need to make depends on your current lifestyle and blood glucose levels. 	<ul style="list-style-type: none"> ▶ Metformin is the first prescription medicine most people with type 2 diabetes start taking. ▶ Metformin is a tablet you take 1 to 3 times a day. ▶ Metformin is a medicine that you will need to take long-term. ▶ Continue to make and sustain lifestyle changes.
What are the benefits? <ul style="list-style-type: none"> ▶ Some people with diabetes are able to manage their blood glucose levels with lifestyle changes alone. ▶ Lifestyle changes are also good for your overall health and may benefit other health conditions. 	<ul style="list-style-type: none"> ▶ Metformin is effective in helping people with diabetes manage their blood glucose levels. ▶ Metformin has been used for many years so its effects on the body are well understood, it does not cause weight gain and may help weight loss.
What are the risks and common side effects? <ul style="list-style-type: none"> ▶ Making lifestyle changes can be hard. Your blood glucose may stay too high and you might have to consider starting metformin in the future. 	<ul style="list-style-type: none"> ▶ You may get diarrhoea, heartburn, nausea and stomach pain, especially when you first start taking the medicine. Side effects usually only last a few weeks and can be reduced by taking the medicine with food.

2 Deciding what matters most to you

Respond to the statements below to work out what matters most to you about your current treatment options. These answers can help you prepare for discussions with your health professional.

Tick the box that best describes how you feel.

	Agree	Disagree	Don't know
I want to try controlling my blood glucose levels without medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about managing medicine side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned about taking medicines long term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident I can make sufficient lifestyle changes to lower blood glucose levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What else matters to you?

3 Do you know enough to make a decision?

Think about the information you have read and talked about with your health professional while considering the questions below.

Do you know enough about the benefits and risks of each option?

Yes No →

Are you clear about the benefits and risks that matter most to you?

Yes No →

Do you have enough support and advice to make a decision?

Yes No →

What is your decision?

Lifestyle changes alone.

Metformin **as well as** lifestyle changes.

- ▶ Talk with your diabetes team or other health professionals.
- ▶ Join a support group (in person or online) and talk with others who are taking metformin. They can give you their view on the benefits and risks and tell you about their experience of the medicine.
- ▶ Discuss your options and what matters most to you with a trusted person (for example a family member or friend).
- ▶ Visit the NPS MedicineWise website www.nps.org.au/diabetes or call Medicines Line on 1300 MEDICINE.
- ▶ Visit the Diabetes Australia website www.diabetesaustralia.com.au or phone 1300 136 588.

Now that you have followed these steps, speak with your health professional about your treatment decision.

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