

**CHIEF COMPLAINT**

Diabetes Management

**COMMENTS TO SPECIALIST**

78-year-old female with Hypertension (HTN), Congestive Heart Failure (CHF), Type 2 Diabetes Mellitus (T2DM) and Stage 3 Chronic Kidney Disease (CKD3)

Medication: Metformin 1000mg PO BID, BASAGLAR® 15u QAM, Novolin N® 8u qAc.

Eats meals poorly such that insulin is often held by nursing.

Creatinine Clearance (CrCl) 39, Glomerular Filtration Rate (GFR) 42, A1C 9.1%

The goal is to reduce the need for sliding-scale insulin.

Self-Monitoring of Blood Glucose (SMBG) 60s-400s.

**MAIN QUESTION**

Would you recommend the Jardiance® for this patient?

Is it okay to take with the metformin 1000mg bid, or should I cut down on the metformin?

What are your recommendations as far as long-acting or another Glucagon-Like Peptide 1 Receptor (GLP1) injectables such as Trulicity®?

**SUMMARY**

Treatment options are available at the primary care level

**DETAILS**

The main goal for this elderly patient is to avoid hypoglycemia below 70, as that can be quite dangerous at this age.

- If PO meal intake is variable, short-acting insulin would not be recommended, given the increased risk of hypoglycemia.
- This patient would be a good candidate for Jardiance given poorly controlled Type 2 Diabetes Mellitus (T2DM) and h/o heart failure. Please ensure she has no contraindications prior to starting—frequent UTIs or h/o euglycemic Diabetic Ketoacidosis (DKA).
- It is OK to start Jardiance 10mg first to monitor her progress. It is also OK to continue metformin and basal insulin while on Jardiance and stop short-acting insulin while up-titrating Jardiance. If the patient is tolerating Jardiance well, then the dose can be increased to 25mg in 3 months if further glycemic control is needed. The goal A1C for this patient is under 8%.
- Regarding a Glucagon-Like Peptide 1 Receptor Antagonist (GLP1RA), I would be cautious about setting a poor PO intake, as this medication class is meant to reduce appetite and increase satiety. This patient may not be a great candidate, as she seems to have poor appetite and PO intake already.

I would get labs in 3 months: A1C, Creatinine (Cr), GFR, Aspartate Aminotransferase (AST), and Alanine Aminotransferase (ALT).

Thank you for the courtesy of this consultation.