SPECIALTY

Endocrinology

Arista|MD

CHIEF COMPLAINT

Diabetes Management

COMMENTS TO SPECIALIST

This is a 59-year-old, new to me this month, with uncontrolled Type 2 Diabetes Mellitus (T2DM) with associated neuropathy, angiopathy, hyperlipidemia and obesity. She has above-knee amputation from poorly controlled diabetes. Her most recent A1C on 4/3/23 was 9.9%, currently taking metformin 1000 mg BID, Jardiance® 10 mg daily, and Lantus® 30 Units BID, taking atorvastatin 10 mg daily for hyperlipidemia (HLD). She has previously taken Glucagon-Like Peptide 1 Receptor Antagonist (GLP1RA) but did not tolerate d/t nausea. Currently, she is having post-prandial nausea, requiring Zofran® 1-2 times daily, with no notable weight loss as a result.

Additional chronic medical conditions include hypertension (HTN) with diastolic heart failure (HF), no longer requiring antihypertensives; she also has COPD with chronic respiratory failure, anxiety/depression, chronic pain, and an overactive bladder.

I would appreciate any recommendations for getting better control of her diabetes.

Thank you for your time.

MAIN QUESTION

How do I optimize diabetes management?

SUMMARY

Treatment options are available at the primary care level.

DETAILS

- Given h/o intolerance to GLp1RA, better management may be insulin. The goal of blood sugar fasting should be under 130, and prandial should be under 180, especially in the setting of neuropathy and prior amputation. The goal A1C should be 7% or under.
- You can uptitrate Lantus by 1-2 units every 3 days until your Fasting Blood Sugar (FBS) is around 130. Try not to titrate past 35u BID.
- I recommend trialing the sliding-scale Humalog once you hit 35u BID of Lantus, as she likely needs prandial insulin coverage at this point. I would start with SSI 2u: 50>150 TID-AC only (if premeal blood glucose (BG) is 151-200, give 2 units Humalog ®, 201-250, give 4u, etc.).

Monitor this regimen for 3m and evaluate what glucose requirements are, and if consistently requiring more than 6 units with every meal, then start scheduling Humalog in addition to sliding scale prior to meals to meet glycemic goals.

The patient would greatly benefit from a continuous glucose monitor.

Continuous Glucose Monitor

A continuous glucose monitor (CGM) is a small (the size of a nickel or quarter) device that is placed on the upper arm or abdomen. It has a small plastic catheter that sits under the skin and continuously measures blood glucose levels. The sensor measures the glucose in the interstitial fluid (fluid between the cells) and updates the value every few minutes. It wirelessly sends the information to a monitor or the patient's phone. This is a great tool to prevent hypo or hyperglycemia and minimizes the daily need for multiple finger sticks. A fingerstick should still be done when suspecting a true low blood sugar for confirmation, as sometimes placing pressure on the CGM (while sleeping) can result in erroneous results.

How to prescribe a CGM: types include freestyle libre2 or 3 OR Dexcom® G6 or G7. Insurance coverage varies, but typically, most insurances cover CGMs for all patients with Type 1 Diabetes Mellitus and those with T2DM who are on insulin.

For Freestyle Libre: Please prescribe 1 reader with no refills and a 3-month supply of sensors (#7 with 3 refills).

Labs in 3 months for A1C and Creatinine (Cr),

Thank you for the courtesy of this consultation