

CHIEF COMPLAINT**Diabetes Management****COMMENTS TO SPECIALIST**

80-year-old female with Type 2 Diabetes Mellitus (T2DM). Weight 150.6 lbs., Height 60 inches.

She is on Lantus[®] 28 units at HS and repaglinide 1 mg tid.

She has c/o of fingers being sore and does not want daily finger-stick blood sugar (FSBS).

A1C 4/18/2023 : 8.7%

I need assistance with medication management to optimize glucose control while avoiding daily FSBS. FSBS 2-3 days a week, OK.

Recent FSBS is on the medication administration record, as noted above.

The patient was on metformin in the past, and it caused significant diarrhea and was discontinued.

MAIN QUESTION

Please provide diabetes management and medication suggestions.

SUMMARY

Treatment options are available at the primary care level.

DETAILS

I highly recommend a continuous glucose monitor (CGM), like Freestyle Libre 2, for this patient, as it minimizes the burden of finger sticks multiple times a day. Orders would be for a reader x1 and sensor x2 (one every 14 days) with multiple refills. You can also do sensor #7 (90-day supply) x3 refills, etc.

Given the patient's age, the goal A1C is around 8%. After the CGM is worn for 2 weeks, and if there are no lows, we recommend increasing Lantus by 2 units every few days until fasting blood sugars are around 130.

Lantus and repaglinide can cause hypoglycemia, so please be cautious. CGM will help. You can also substitute repaglinide with Tradjenta[®] if the Glomerular Filtration Rate (GFR) is suppressed or sitagliptin if GFR is preserved and monitored.

Another option if the patient is overweight or obese is a low GLP1RA dose, such as Trulicity[®] 0.75mg once a week. First, we need to ensure there are no contraindications to Glucagon-Like Peptide 1 Receptor Antagonist (GLP1RA) [Ⓢ] no history of pancreatitis, FH multiple endocrine neoplasia (MEN), or medullary thyroid cancer.

These are the initial recommendations for now.

Thank you for the courtesy of this consultation.