See LEADER NOTES for answers to discussion questions.
DISCUSSION QUESTIONS

OVERVIEW OF CURRENT THERAPY

1. What is known about the cardiovascular (CV) effects of glucagon-like peptide-1 (GLP-1) receptor agonists in patients with type 2 diabetes?

2. What type of study was this? How were the patients selected for inclusion?

3. How were the study groups defined?

4. How were the outcomes evaluated?

5. What were the outcomes of this trial?

6. What were the strengths and weaknesses of this study?

7. Were the results expressed in terms we care about and can use?

HOW SHOULD THE NEW FINDINGS CHANGE CURRENT THERAPY?

8. Do the results change your practice? How?

APPLY THE NEW FINDINGS TO THE FOLLOWING CASE

J.B. is a 65-year-old male patient who presents for his “Welcome to Medicare” annual exam. He has hypertension and diabetes, and is well-controlled with lisinopril 40 mg daily and metformin 1,000 mg twice daily. He is also taking simvastatin 40 mg daily and aspirin 81 mg daily. He currently smokes ½ pack per day and has been smoking since the age of 22. He has seen recent commercials on TV stating that hepatitis C is common in “baby boomers,” and that many patients don’t know that they have it. He states he has never been tested for hepatitis C, and wonders if he should be tested even though he has never used illicit drugs.

9. What should you recommend about screening J.B. for HCV?
6. What were the strengths and weaknesses of this trial?

7. Were the results expressed in terms we care about and can use?

HOW SHOULD THE NEW GUIDELINES CHANGE CURRENT THERAPY?

8. Do the results change your practice? How?

APPLY THE NEW FINDINGS TO THE FOLLOWING CASE

RM is a 57-year-old African American male with a past medical history of obesity, hypertension, type 2 diabetes, MI, and heart failure with reduced ejection fraction (HFrEF) who is in clinic for a routine follow-up. You note that his blood pressure is well controlled today at 119/61 on carvedilol 3.125 mg twice daily and lisinopril 20 mg daily. He is also taking aspirin 81 mg daily and atorvastatin 80 mg daily.

You review RM’s lab work and see that his A1C is elevated at 9.2%, despite lifestyle changes over the past 3 months that have led to a 10-pound weight loss.

9. Which medication is first-line for most patients with type 2 diabetes? How should you manage RM?

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You start RM on metformin 500 mg daily with a plan to titrate up to 1,000 mg twice daily over the next 4 weeks.

He returns to your office 3 months later for a follow-up visit. He is tolerating the metformin well and has successfully titrated to 1,000 mg twice daily. A recheck of his A1C returns at 8.5%. He knows that this is above his goal and asks for your recommendation for additional medications. He would like to avoid medications associated with further weight gain, as he is already considered obese, and medications that may worsen his heart failure.

10. What metformin add-on options are not preferred for RM??

RM has seen commercials for the diabetes medication Trulicity and was intrigued by the claims of weight loss. He asks if this would be an appropriate medication to add to his regimen.

11. What should you consider regarding a GLP-1 agonist as a metformin add-on for RM?

You discuss the benefits and risks of GLP-1 agonists with RM and he would like to start one. Because RM has CV disease, you choose Trulicity, since it’s shown to reduce CV risk and is covered by his insurance.

12. What adverse effects should you discuss with RM before starting Trulicity?
REFERENCES


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Pharmacist’s Letter Journal Club Editors:

Lori Dickerson, PharmD, FCCP, Editor; Jennifer Nieman, PharmD, BCPS, Associate Editor; Alpa Desai, DO, Department of Community Health & Family Medicine, University of Florida, College of Medicine, Newbury, FL; Lisa D. Mims, MD, Department of Family Medicine, Medical University of South Carolina, Charleston, SC, Contributing Editors.

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