

Welcome to the pre-program component of *Weight No Longer: Addressing Overweight/Obesity as an Integral Part of Type 2 Diabetes Management*. In this clinical primer, you will be presented with Points to Ponder, dynamic animations on shared decision making and on the effects of GIP/GLP-1, supplemental slides on foundational elements of T2DM and obesity, and two case studies to consider.

POINTS TO PONDER

- 1. How do you broach the topic of obesity with your patients with T2DM?
- 2. How often do you consider weight when selecting treatments for patients with T2DM? Never Rarely Occasionally Most of the time Always
- 3. In your estimation, which type of glucose-lowering therapy has the highest efficacy for weight loss?

SGLT2 inhibitors Incretin-based therapies DPP-4 inhibitors Sulfonyureas

Other

ANIMATIONS

Click on each image to view

Shared decision making in the management of patients with T2DM and obesity





Effects of GIP and GLP-1 in healthy individuals



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SUPPLEMENTAL SLIDES



United States (2004, 2009, 2014, 2019) (https://www.cdc.gov/diabetes/ statistics/slides/maps_diabetesobesity_county-508.pdf).

Pulmonary disease

The Shared Obesity-induced inflamma on Nucleus Insulin receptor Pathophysiology Adipocvt FFA of Diabetes P-Ser-IRSI P-Tyr-IRSI РКВ and Obesity Skeletal muscle Glucose uptake FFA FFΔ Pro-inflan matory cytokine FFΔ Systemic insulin resistance Local insulin resistance

Zatterale F, et al. Front Physiol. 2019;10:1607.

Obesity Is Associated with 237 Comorbidities

Kinlen D, et al. OJM:

2018;111(7):437-443.

An International Journal of Medicine.

abnormal function obstructive sleep apnea Stroke hypoventilation syndrome Cataracts phary heart disease disease . Diabetes steatosis steatohepatitis cirrhosis Gall bladder disease vere pancreatitis abnormal menses breast uterus cervix colon, esophagus, pancreas infertility kidney, prostate polycystic ovarian syndrome Osteoarthritis venous stasis

Weight Maintenance Is Challenging



Misconceptions About Obesity





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CASE STUDIES

Case #1

1. What would you select for this patient's initial therapy?

2. Why?

Case Study 1: Case Study: Russell—Presentation

Russell is a 63-year-old man who presents to his PCP with fatigue on a routine visit.

- A1C = 8.7%; RBS = 288 mg/dL
- Height 5'10" inches
- Weight = 237 lb/ BMI = 34
- BP = 133/82 mm
 Hg; pulse 78 bpm

Current medications:

- Atorvastatin 80 mg QHS
- Lisinopril 30
 mg QDay



- History of hypertension and elevated LDL-C, both controlled.
- Owns his own business that requires physical activity. For the last six months, he feels like he needs a nap by noon.
- Reports increased frequency of urination but thought that related to his fluid intake.
- His business was less active during the pandemic. Gained 25 pounds in the last 3 years. Drinks 6 cans of regular soda daily. Likes fast food and usually eats on the run.

Case #2

- 1. Does this patient require a change in therapy?
 - Yes No I don't know

2. Why or why not?

3. What changes would you make to her regimen?

Case Study 2: Alice—Presentation

60-year-old woman presents with T2DM for 10 years.

- A1C = 8.0%
- Height 5'2" inches
- Weight = 186 lb/ BMI = 34
- BP = 129/83 mm Hg; pulse 73 bpm

Current medications:

- Metformin 1000mg
 BID
- Empagliflozin
- 25mg QD
- Liraglutide
- 1.2 mg SC QD
- Citalopram 30mg QD



- Lost 7 lbs but is frustrated with slow weight loss.
- Diagnosed with major depressive disorder 2 years ago after death of her husband.
- Tried OTC orlistat for weight loss but stopped due to GI side effects.
- Cares for 2-year-old grandchild during the day. Meals are sporadic.
- Misses medications ~2 times per week.

