

# Case presentation

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# Case 1

- A 49 year-old male with type 2 diabetes who has been well-controlled on metformin 2.5 grams daily for the last six years. However, his most recent HbA1c when you test in your clinic is 8.9%.
- He has no diabetes-related complications at this time.
- His current BMI is 36 kg/m<sup>2</sup>.
- Your records show that the patient has been gaining weight over time, and he has gained 13 kg in the last one year.

- You ask the patient to meet with your nutritionist and advised him to exercise at least half an hour daily on most days of the week.
- You see him three months later and repeat the A1c, which is 8.7%.
- To your best clinical assessment he is following lifestyle changes and he's compliant with his medications.
- He needs a second medication to control his diabetes .

- What is the glycemic goal for this patient?

- 1) 6%

- 2) Less than 7%

- 3) 7.5%

- 4) 8%

- What agent would you recommend to achieve that goal?

- 1) a sulfonylurea

- 2) a TZD

- 3) a SGLT-2 inhibitor

- 4) a GLP-1 RA

## Case 2

- A 58 year old man with type 2 diabetes for 12 years who has been taking metformin at 2,000 mg/d and glipizide 10 mg/d for several years.
- Linagliptin was added about two years ago because his A1c had started going up, and on his last visit his A1c had gone higher.
- It had been maintained around 7% before that but now it is 8.3%.

- You advise the patient about diet control, exercise, and you reinforce what you have done before, and he returns to your office three months later and his A1c is 8.5%.
- His BMI is 34.4 kg/m<sup>2</sup>, and his weight has been unchanged for the last one year.
- He has signs to suggest some complications of diabetes like numbness in his feet, and he also has microalbuminuria.

- He thinks he is doing everything he can do to follow diet and exercise, and he takes his medications regularly, and obviously he is worried about his sugars and developing the complications of diabetes.
- In your opinion, how advanced do you think his diabetes is at this point?



In your opinion what would be the most logical choice for this patient's glycemic control?

- 1) Adding Pioglitazone
- 2) Adding SGLT2 inhibitors
- 3) Starting a GLP-1 RA
- 4) Considering insulin therapy