



Who is the mystery patient?

UNDER THE MASK

Mr. D'Amour

Newly diagnosed with T2D



Sex and age	Male, 48 years old	
T2D	Newly diagnosed	
Relevant history	<ul style="list-style-type: none"> • Smoker • Family history of T2D (both parents) • Dyslipidemia 	
Recent exams	BP	143/96 mmHg
	BMI	26 kg/m ²
	A1C	8.4%
	eGFR	72 mL/min/1.73 m ²
	uACR	0.6 mg/mmol

Medications
Rosuvastatin 10 mg

Other relevant information
LDL-C: 2.2 mmol/L

- With obesity
- With CVD and controlled A1C
- Experiencing fatigue and shortness of breath on exertion
- With chronic kidney disease (eGFR < 45)
- With heart failure
- With CV risk factors and A1C > target values
- Independent patient aged 80 or older, with multiple comorbidities
- Newly diagnosed with T2D

Questions	Key Learnings
1. What changes would you make to optimize the patient's treatment regimen? (both from a glycemic perspective and in terms of lipids and BP)	<ul style="list-style-type: none"> • Diabetes Canada ABCDES • Optimizing antihypertensive regimens in elderly patients with diabetes
2. Should pharmacotherapy be started at the time of diagnosis?	<ul style="list-style-type: none"> • Diet and healthy behaviour interventions are prioritized if A1C is < 1.5% above target • Metformin should be introduced if the target A1C level is not achieved within three months. • It is recommended that metformin and a second agent be started if the A1C level is > 1.5% above target.
3. What would your target A1C level be for this patient? (< 6%, < 6.5% ou < 7,0%)?	<ul style="list-style-type: none"> • The importance of intensive glycemic control • A Diabetes Canada update published in 2022 established a new glycemic target of < 6.0% for selected adults with T2D with the potential for remission to normoglycemia.
4. Why is metformin still recommended as a first-line pharmacologic treatment? If a second agent is indicated for the patient, what would your choice be?	<ul style="list-style-type: none"> • Reasons for Metformin as a first-line treatment
5. Can an antihyperglycemic drug with cardiorenal benefits be started at the time T2D is diagnosed, instead of metformin?	<ul style="list-style-type: none"> • Initiation of a cardioprotective agent as a first-line treatment