Who is the mystery patient?

UNDER THE MASK

Mr. Faucher

Patient with CV risk factors and A1C > target values

Sex and age	Male, 61 years old	
T2D	T2D for 10 years	
Relevant history	• Non-smoker • Dyslipidemia • Hypertension • Sedentary, gained 3 kg in the last 12 months	
Recent exams	**BP**	125/80 mmHg
	BMI	29 kg/m^2
	A1C	7.1%
	eGFR	78 mL/min/1.73 m^2
	uACR	1.8 mg/mmol

Medications

Sitagliptin/metformin MR 100 mg / 1000 mg DIE
Atorvastatin 20 mg DIE
Ramipril 10 mg DIE

Other relevant information

- No history of ASCVD or retinopathy
- Treated with sulfonylurea, but discontinued due to hypoglycemia
- RAMQ coverage

- 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? What would you choose between an SGLT2i or an GLP-1 RA for this patient? How does RAMQ coverage influence your decision?	• Adding a GLP-1 RA or an SGLT2i in patients aged 60 years or older with 2 CV risk factors
2. Is there a class effect with SGLT2i or with GLP-1 RAs?	• An agent with a proven cardiorenal benefit should be selected. • In the absence of comparative clinical trials between different agents, it is impossible to determine whether one agent is more effective than another of the same class.
3. What are your priorities for non-pharmacologic interventions in a patient like this?	• Non-pharmacologic interventions remain important
4. And if the A1C value were originally 6.4%, would you take a different approach?	• Cardiorenal protection is independent of A1C
5. What if the patient is under 60 years old?	• Clinical judgement above all else • DECLARE-TIMI and CANVAS: sub-groups of patients aged 60 or less.
6. Where do DPP-4 inhibitors fit in among the treatment options for T2D?	• Although they do not have CV or renal benefits, DPP-4i are useful for safely lowering blood glucose levels. In patients who could benefit from further blood glucose reduction

A1C: glycosylated hemoglobin; **BMI:** body mass index; **BID:** twice daily; **BP:** blood pressure; **CV:** cardiovascular; **DIE:** once daily; **eGFR:** estimated glomerularfiltration rate; **LDL-C:** low-density lipoprotein cholesterol; **T2D:** type 2 diabetes; **uACR:** urine albumin-to-creatinine ratio.