Who is the mystery patient?

UNDER THE MASK

Ms. Caron

Patient with CVD and controlled A1C

Sex and age	Female, 71 years old	
T2D	For 13 years	
Relevant history	• Recent NSTEMI • Stenting 2 months ago • Hypertension • Obesity	
Recent exams	BP	124/78 mmHg
	BMI	30 kg/m^2
	A1C	6.8%
	eGFR	65 mL/min/1.73 m^2
	uACR	4.0 mg/mmol

Medications

Metformin 1000 mg BID
Gliclazide MR 60 mg BID
Enteric-coated ASA 81 mg DIE
Ticagrelor 90 mg BID
Ezetimibe 10 mg DIE
Atorvastatin 80 mg DIE
Ramipril 5 mg BID
Bisoprolol 10 mg DIE

Other relevant information

- No heart failure
- LVEF=55%
- Has a good prescription drug insurance plan

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? Would you switch to a GLP-1 RA or an SGLT2i (or something else) and why?	• Add a GLP-1 RA or an SGLT2i in patients with T2D and CVD even if A1C is at the target level
2. Are you satisfied with the A1C level (6.8%) or would you seek to lower it further? If after 6 months, A1C were to decrease to 5.5%, how would you adjust the antihyperglycemic regimen?	• Continue antihyperglycemic treatment even if the A1C target has been reached
3. When do you consider using a GLP-1 RA and an SGLT2i in combination?	• It is reasonable to combine a GLP-1 RA with an SGLT2i to achieve additional benefits
4. What if the patient's BP was 138/96 mmHg instead of 124/78 mmHg, how would your recommendations differ?	• The Diabetes Canada 2018 Clinical Practice guidelines recommend that if target BP values are not achieved with a monotherapy at the maximum doses, another antihypertensive should be administered. • In individuals for whom combination therapy with an ACEi is being considered, a dihydropyridine calcium channel blocker is preferable to a thiazide or thiazide-like diuretic. • Hypotensive effects can also be expected with antihyperglycemic agents.

A1C: glycosylated hemoglobin; **BID:** twice daily; **BMI:** body mass index; **BP:** blood pressure; **CV:** cardiovascular; **CVD:** CV disease; **eGFR:** estimated glomerular filtration rate; **LVEF:** left ventricular ejection fraction; **NSTEMI:** non-ST-segment elevation myocardial infarction; **uACR:** urine albumin-to-creatinine ratio