



Who is the mystery patient?

UNDER THE MASK

Ms. Oh

Patient with obesity



Sex and age	Female, 45 years old	
T2D	T2D for 5 years	
Relevant history	<ul style="list-style-type: none"> • Non-smoker • Polycystic ovary syndrome • Hypertension • Initial treatment with metformin and glyburide • Episodes of hypoglycemia leading to discontinuation of glyburide 	
Recent exams	BP	124/78 mmHg
	BMI	33 kg/m ²
	A1C	7.4%
	eGFR	80 mL/min/1.73 m ²
	uACR	0.5 mg/mmol

Medications

Metformin 500 mg BID
Rosuvastatine 20 mg DIE

Other relevant information

- South Asian origin
- Difficulty controlling weight for most of life
- Slow weight gain over several years, especially around the waist
- Tries to walk 15-20 minutes a day
- Dietary monitoring WITHOUT weight loss
- Difficulty maintaining good eating habits long term

- 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 choose a GLP-1 RA or naltrexone/bupropione for the management of obesity?	<ul style="list-style-type: none"> • Modification of antihyperglycemic therapy in patients with obesity • Pharmacological management of obesity
2. How do you bring up weight issues with your patients?	<ul style="list-style-type: none"> • Importance of a shared decision-making strategy in the management of obesity
3. When would you consider bariatric surgery?	<ul style="list-style-type: none"> • Recommendations of the Obesity Canada bariatric surgery guidelines
4. How familiar are you with the concept of adiposopathy (also called «sick fat») as a contributing factor to type 2 diabetes and its complications?	<ul style="list-style-type: none"> • Emergence of the concept of adiposopathy and implications for clinical practice • Waist-to-Height Ratio is a tool for discriminating obesity-related cardiometabolic risk
5. Should we broaden our thinking and include the management of adiposopathy into our treatment goals?	<ul style="list-style-type: none"> • According to Diabetes Canada, remission of T2D is possible after weight loss in a subset of patients.

A1C: glycosylated hemoglobin; BID: twice daily; BMI: body mass index; CV: cardiovascular; DIE: once daily; eGFR: estimated glomerular filtration rate; T2D: type 2 diabetes; uACR: urine albumin-to-creatinine ratio; BP: blood pressure