



TURNING BACK THE CLOCK
Making Time for Cardiorenal and Metabolic Protection

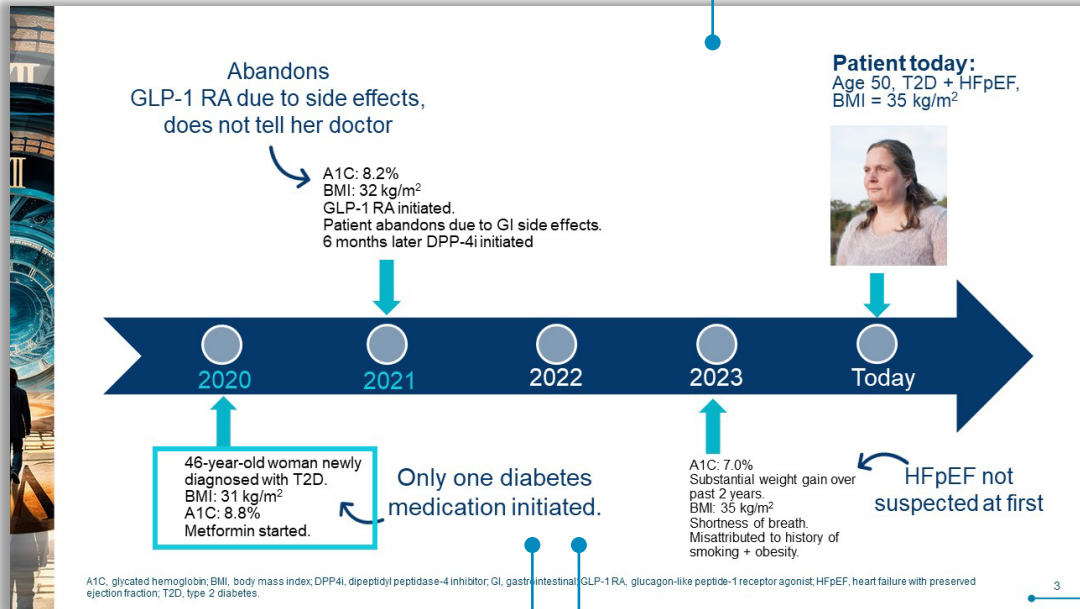
If you could travel back time, how would you inspire different treatment choices for this patient?

What resources have you found most useful for helping patients understand and mitigate side effects?

When initiating a new medication, ensure that patients understand the long-term benefits (and the prognosis without the medication), and provide information in written and infographic form.¹ Develop a process for routinely asking about medication adherence. And ask your patients to contact you before abandoning therapy.^{2,3}

Did you know?

A multidisciplinary expert consensus group has created infographic information on expected side effects with GLP1-RAs that you can give to patients.³



Do you feel comfortable initiating dual-therapy in patients newly diagnosed with T2D whose A1C and cardiorenal risk warrant it?

When it comes to A1C control and cardiorenal risk reduction, start early and start strong: early treatment is associated with better long-term outcomes.⁴ The Diabetes Canada 2020 guidelines recommend starting metformin + a second agent at diagnosis of T2D if A1C is >1.5% above target.⁵

Could you have patients with undiagnosed HFpEF?

HFpEF is more common in women than in men, and the prevalence increases with age.⁶ Suspect HFpEF in patients with T2D + obesity + hypertension who present with fatigue and dyspnea.⁷ SGLT2i has been shown to reduce the risk of hospitalization for HF, regardless of ejection fraction or diabetes status.^{8,9}

A1C, glycated hemoglobin; BMI, body mass index; DPP4i, dipeptidyl peptidase-4 inhibitor; GI, gastrointestinal; GLP-1 RA, glucagon-like peptide-1 receptor agonist; HF, heart failure; HFpEF, heart failure with preserved ejection fraction; T2D, type 2 diabetes.

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