



STOPPING THE SYNDEMIC:

SUCCESSFUL STRATEGIES FOR MANAGING GLUCOSE AND PROMOTING WEIGHT LOSS



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OUR CHALLENGE

MOM

Introduction and Diagnosis

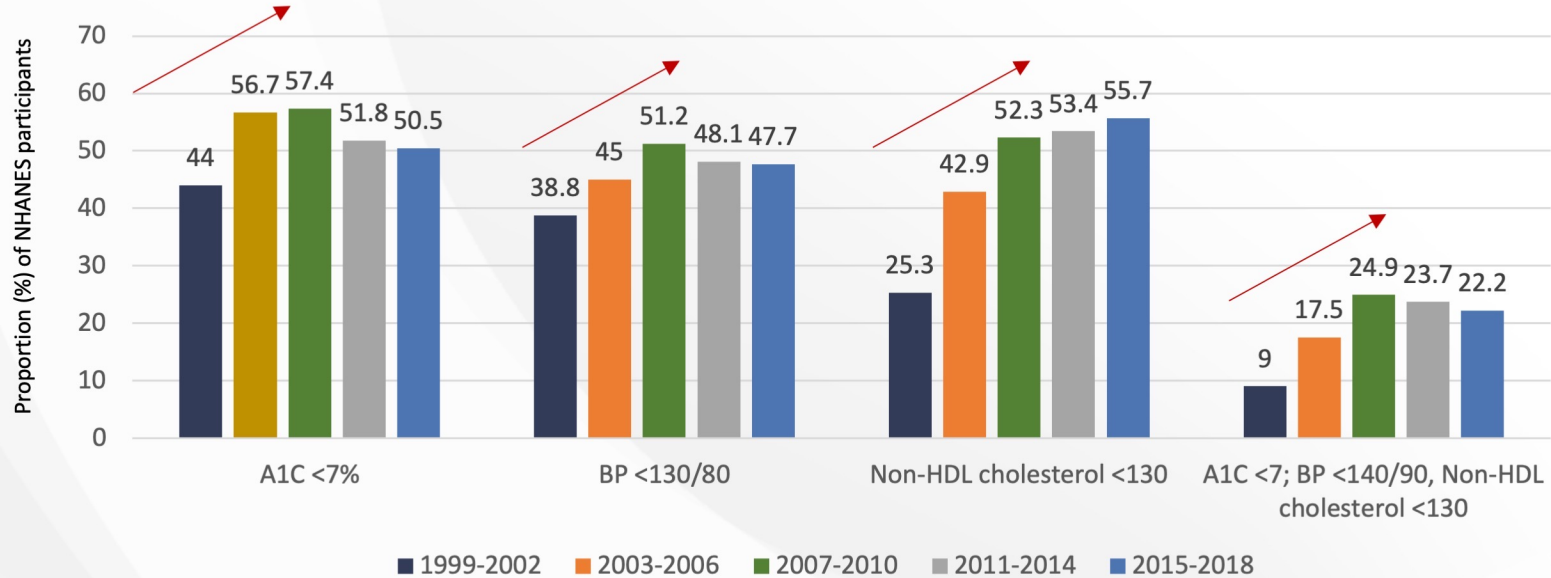


UNMET NEEDS IN T2D AND OBESITY





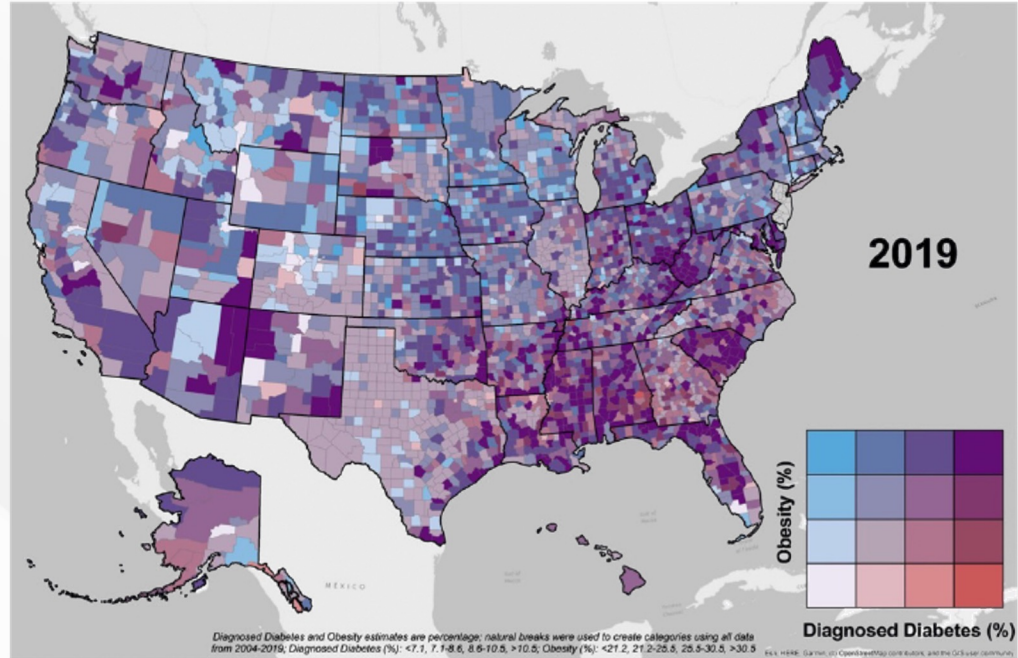
Where do we stand in optimal diabetes care?





Twin epidemics of T2D and obesity

- Highest rates: Black and Hispanic women
- Self-reported adult obesity¹
 - Black 39.8%
 - Hispanic 33.8%
 - White 29.9%
- More than 25% of patients with obesity have T2D²
- T2D raises CVD risk 2x-4x (even if controlled)³
- Black/Hispanic populations highest rates diabetes and HTN



Meet our patient Mrs. Wilson



Mrs. Wilson

- 51-year-old female; substitute teacher for 23 years; summer part-time tutor
- Caregiver for elderly mother with significant disability and complications from T2D and obesity
- 12-year history of unmanaged T2D
- Increase in body weight past 15 years
- Symptomatic hypoglycemia, about twice per month
- Did not tolerate canagliflozin due to recurrent yeast infections

Medical History

- T2D, obesity, hypertension, dyslipidemia, sleep apnea, and OA of knees (no known ASCVD)

Social History/ Lifestyle

- Married with 3 teenage boys at home including one with autism; non-smoker and occasional social drinker
- "I don't have time for healthy eating or exercise, and grocery stores are not conveniently located where I live. I'm often tired and unmotivated and crave unhealthy foods."

Physical Exam & Labs

- Weight 209.5 lbs, BMI 33.9 kg/m²
- A1c 8.2% (6 months ago 7.8%)
- Waist circumference: 40 inches
- BP 142/92 mmHg
- Lipids: TC 240 mg/dL, LDL-C 160 mg/dL, TG 179 mg/dL, HDL-C 30 mg/dL
- eGFR: 90 mL/min/1.73 m²
- Thyroid normal
- Last retinal exam 2+ years ago due to insurance

Current Medications

- metformin 1000 mg BID, glyburide 5 mg QD, sitagliptin 100 mg QD

Other Meds/ Treatments

- valsartan 80 mg BID, amlodipine 10 mg QD, chlorthalidone 25 mg QD, rosuvastatin 10 mg QD, nightly CPAP



HEALTH AND HEALTHCARE EQUITY IN T2D AND OBESITY





THERAPEUTIC INERTIA

MOM
on therapeutic
inertia





Treating the Whole Person

T2D

Weight

Emergence of new classes of T2D therapeutics

GLP-1 Ras (2005)

Favorable weight loss profiles (liraglutide and semaglutide)

CV risk reduction (liraglutide, dulaglutide, semaglutide)

SGLT2 inhibitors (2015)

Favorable weight loss and blood pressure profile

CV risk reduction, nephropathy reduction

Dual GIP/GLP-1R agonist (2022)

Novel, once-weekly GIP and GLP-1 dual receptor agonist- new class

Enhanced glycemic control and weight loss benefits



INCRETIN EFFECT AND ROLES OF GLP-1 AND GIP

**Potential Benefits of
Agonism of Multiple
Receptors: Mechanism
of Action of
Unimolecular Dual
Agonists**

The SURPASS program: clinical trials across the spectrum of T2D

Monotherapy

**2-Drug
Combination**

**2-3 Drug
Combinations**

**2-4 Drug
Combinations**

**Combination
With Insulin**

**SURPASS-1
vs placebo¹**

Drug-naïve or
washout from
any OAM

**SURPASS-2
vs semaglutide²**

Add-on to metformin

**SURPASS-3
vs insulin degludec³**

Add-on to metformin with
or without SGLT-2i

**SURPASS-4
vs insulin glargine⁴**

Add-on to ≥ 1 and ≤ 3
OAMs (metformin, SGLT-2i,
or SU)

**SURPASS-5
vs placebo⁵**
Both with insulin
glargine with or without
metformin

**SURPASS-6
vs insulin lispro
(TID)⁶**
Both with insulin
glargine with or without
metformin (ongoing)

SURPASS-CVOT vs dulaglutide⁷
(ongoing)

OAM = oral antihyperglycemic medication; SU = sulfonylurea; TID = three times daily

1. Rosenstock J, et al. *Lancet*. 2021;398:143-155. 2. Frías JP, et al. *N Engl J Med*. 2021;385:503-515. 3. Ludvik B, et al. *Lancet*. 2021;398:583-598. 4. Del Prato S, et al. *Lancet*. 2021;398:1811-1824. 5. Dahl D, et al. *JAMA*. 2022;327:534-545. 6. SURPASS-6. Available at: <https://clinicaltrials.gov/ct2/show/NCT04537923>. Accessed April 2021. 7. SURPASS-CVOT. Available at: <https://clinicaltrials.gov/ct2/show/NCT04255433>. Accessed April 2021.

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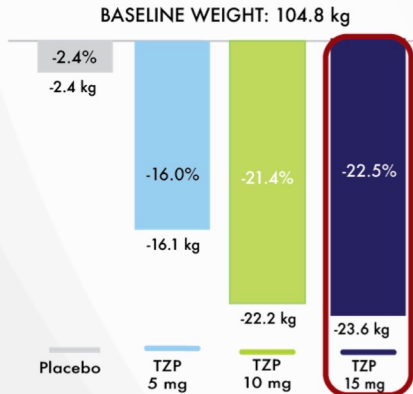


SURMOUNT-1 Efficacy

SURMOUNT-1: EFFICACY

Patients on highest dose achieved 22.5% Weight Loss On Average

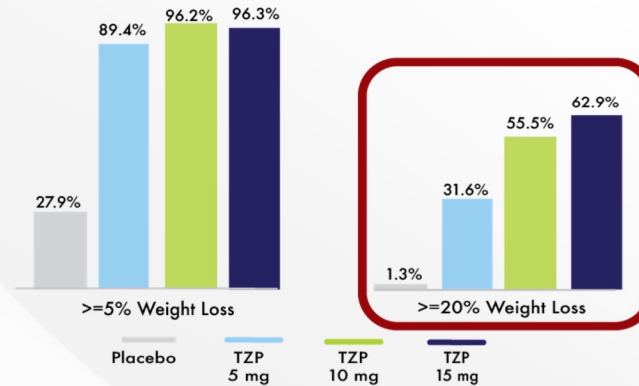
MEAN BODY WEIGHT CHANGE AT 72 WEEKS



SURMOUNT-1: EFFICACY

Greater than 96% in 10 and 15 mg treatment arms achieved at least 5% body with loss

PERCENTAGE OF PATIENTS ACHIEVING WEIGHT LOSS (%) TARGET



SURMOUNT-1: SAFETY AND TOLERABILITY DATA

Overall safety profile similar to incretin-based therapies approved for obesity



Key Efficacy Results

Met the co-primary endpoint of achieving at least 5% body weight loss in all treatment arms taking tirzepatide as an adjunct to diet and exercise.

63% of participants achieved at least 20% body weight loss in the 15mg treatment arm as a key secondary endpoint

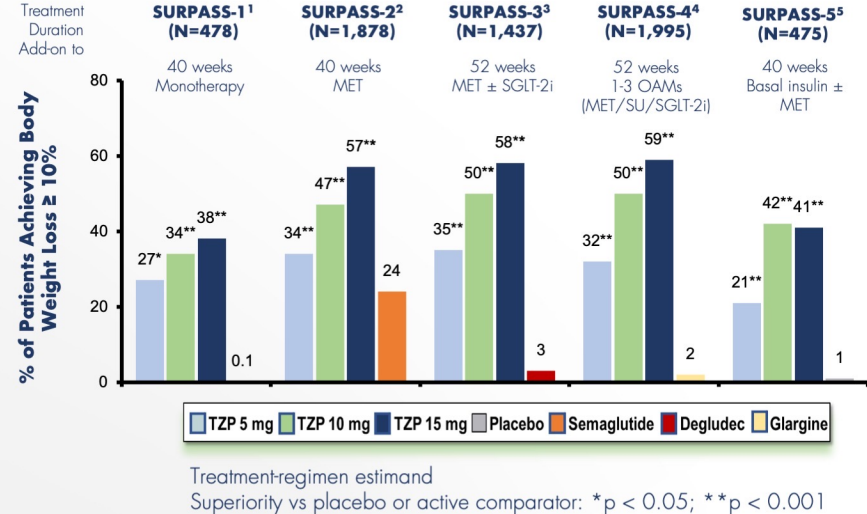
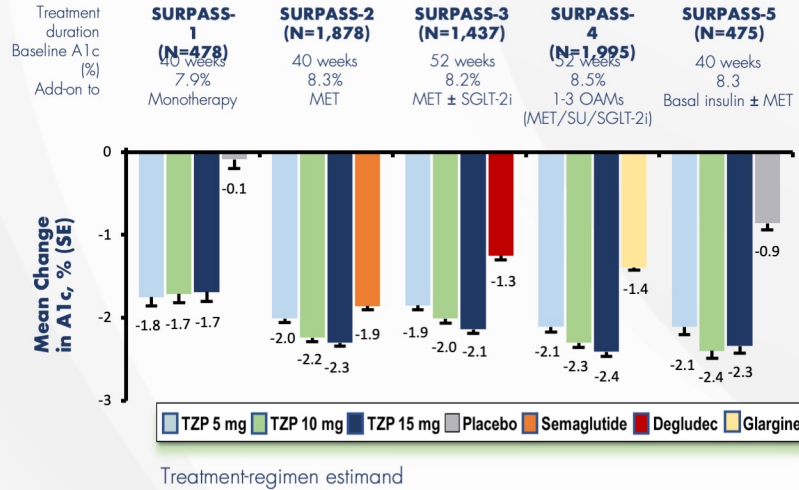
In the placebo group (placebo as an adjunct to diet and exercise), only 1% of participants achieved greater than 20% weight loss



CLINICAL IMPLICATIONS OF DUAL AGONIST EFFICACY DATA



Tirzepatide at all doses significantly reduced A1c versus placebo or active comparators



Tirzepatide safety and tolerability

Talking to your Patients:
Nausea usually
subsides shortly.
Stay the course!

Preferred Term, %	TZP 5 mg (N=470)	TZP 10 mg (N=469)	TZP 15 mg (N=470)	Sema 1 mg (N=469)
Any GI TEAE	40.0	46.1	44.9	41.2
Nausea	17.4	19.2	22.1	17.9
Diarrhea	13.2	16.4	13.8	11.5
Vomiting	5.7	8.5	9.8	8.3
Dyspepsia	7.2	6.2	9.1	6.6
Constipation	6.8	4.5	4.5	5.8
Abdominal pain	3.0	4.5	5.1	5.1



- Side effect profile similar to that of selective GLP-1 receptor agonists
- Nausea was most common

Tirzepatide: key prescribing information and instructions for use

Personal or family history of MTC or patients with MEN2

Known serious hypersensitivity to tirzepatide or any of the excipients

Contraindications

Has not been studied in patients with a history of pancreatitis

Is not indicated for use in patients with type 1 diabetes

Limitations of Use

Pancreatitis

Hypoglycemia with concomitant use of insulin secretagogues or insulin

Hypersensitivity reactions

Acute kidney injury

Severe gastrointestinal disease

Diabetic retinopathy complications in patient with a history of diabetic retinopathy

Acute gallbladder disease

Warnings and Precautions

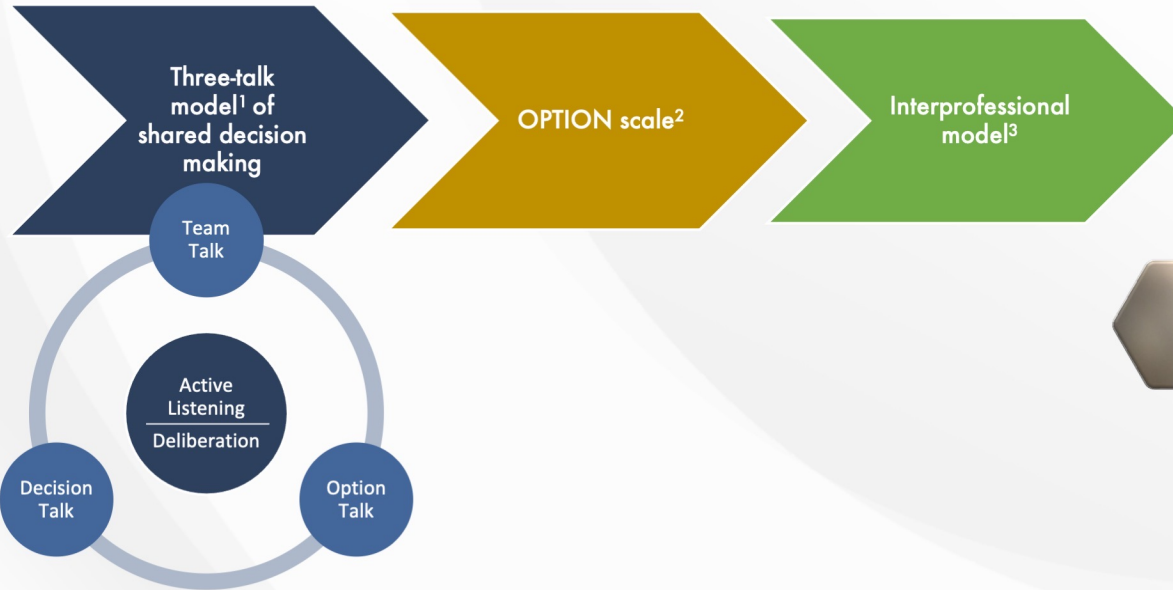


WHAT DOES SHARED DECISION MAKING LOOK LIKE IN T2D AND OBESITY CARE?



What SDM does
NOT look like

Patient Tools for Shared Decision Making (SDM)



Individualizing and achieving glycemic targets with *shared decision making* optimizes T2D outcomes

MOM

on talking
about
weight
(or not)





CONTINUITY OF CARE AND MULTI- PROFESSIONAL CARE



Continuity of Care in T2D and Obesity

The health care team includes prescribers and non-prescribers, such as:

- Endocrinologists
- Primary Care Physicians
- Pharmacists
- Dieticians
- Nurse Practitioners
- Other specialists, for example cardiologists
- Lab and radiology specialists
- Social workers





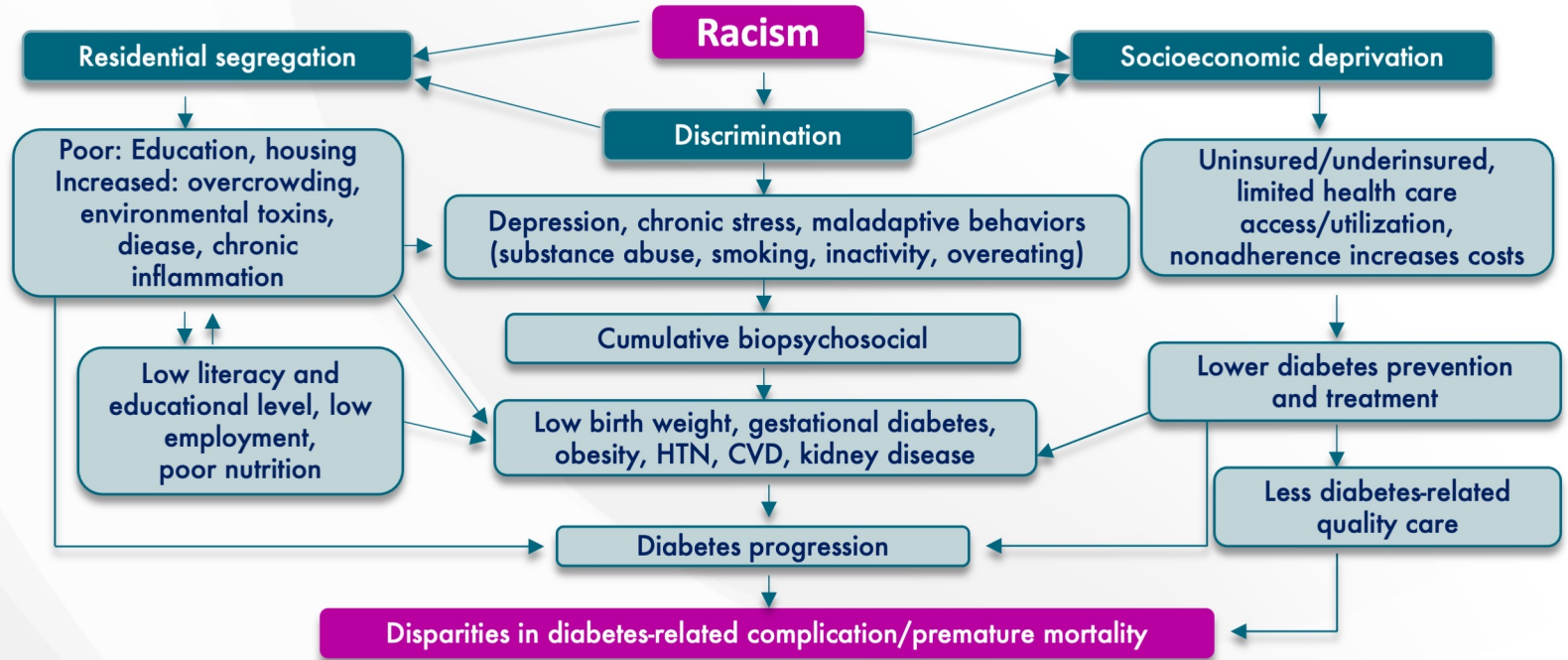
UNCONSCIOUS BIAS



- Everyone has some form of unconscious bias
- Online tools such as the Implicit Association Test (IAT) help us learn about and mitigate our biases



Racism and Disparities in T2D





GUEST SPEAKER:

**Jennifer Goldman,
RPh, PharmD, CDCES, BC-ADM,
FCCP**

**GETTING OUR PATIENTS
THE TREATMENT
THEY NEED:
ACCESS**



Advocating for patients with T2D and obesity



Charitable
Foundations

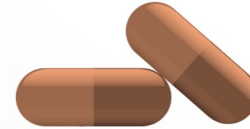
Provide grants to
reimburse patient
drug expenditures



Copayment
Cards

Cover all or part of
consumer out-of-
pocket costs for
medications*

* Not permitted in Medicare Part D



Manufacturer
Programs

Provide
medications
directly to
qualifying patients

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Source: <https://vbidcenter.org/initiatives/precision-patient-assistance-2/>



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Mrs. Wilson: After 3 months on tirzepatide



Mrs. Wilson

- 51-year-old female; schoolteacher for 23 years
- Summer part time tutoring
- Caregiver for elderly mother with significant complications of T2D and obesity
- 12-year history of unmanaged T2D
- Increase in body weight over the past 15 years
- Symptomatic hypoglycemia about twice per month
- Did not tolerate canagliflozin due to recurrent yeast infections

Lifestyle Changes

"I found a local grocery store that delivers fresh fruit and vegetables and made time for food prep at home a few hours a week. As a family we have limited convenience foods like pizza to once a week. I try to get more physical activity by parking further away from my place of work."

Physical Exam & Labs (3 Months on TZP)

- Weight 197.5 lbs. (weight loss of 11 lbs.)
- BMI 32.0 kg/m² (was 33.9 kg/m²)
- A1c 7.1 % (was 8.2%)
- Waist circumference : 37.5 inches (was 40 inches)
- BP 137/88 mmHg (reduced)
- Lipids: TC 226 mg/dL (reduced)
 - LDL-C 151 mg/dL, TG 145 mg/dL (reduced)
 - HDL-C 33 mg/dL (increased)

New Medications

- metformin 1000 mg BID, tirzepatide 10 mg per week

Other Meds/ Treatments

- valsartan 80 mg BID, amlodipine 10 mg QD, chlorthalidone 25 mg QD, rosuvastatin 10 mg QD, nightly CPAP



TAKE HOME MESSAGES



MOM
on her future



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