

Barriers to Applying Guidelines for Treatment of Type 2 DM in the Rio Grande Valley

BACKGROUND

Type 2 Diabetes mellitus affects 29.6% of adults in the Rio Grande Valley and 54% are estimated to be uncontrolled. Established and new pharmacotherapy agents are available, and guidelines exist in individualization of glycemic targets and agent selection. We present a case facing various barriers in applying these guidelines.

CASE PRESENTATION

A 54-year-old uninsured woman with past medical history of uncontrolled type 2 diabetes mellitus, hypertension, chronic kidney disease stage 3, peripheral artery disease and bilateral below knee amputations presents for follow-up. She denies polyuria, polydipsia and weight changes. She reports compliance with medications and a fasting glucose range of 180-195. Current diabetes medications are insulin glargine, lispro, and dapagliflozin-metformin. Prior intolerance to dulaglutide with gastrointestinal upset.

On exam, she had had a recent amputation with signs of infection. Data showed A1C this month at 9.4% from 13.7% 3 months ago and 14.8% 1 year ago. GFR stable at 58 and electrolytes normal. Urine protein creatinine ratio elevated at 1,865. Determined A1C goal to be below 8.0% based on multiple factors and reviewed benefits and risks of pharmacotherapy options. We increased the glargine and dapagliflozin-metformin.

CONCLUSION

Though patient has a relatively young age, multiple factors suggest we have a less stringent target such as 8% including established vascular complications, limited resources as patient is uninsured, and patient self-care capabilities including health literacy. We will review the benefits, risks, and challenges in using sodium-glucose-cotransporter inhibitors and glucagon-like-peptide agonists and how the evidence applies to our patient.