

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/medical-industry-feature/multidisciplinary-physician-perspectives-toward-the-2020-ada-treatment-algorithm/11829/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Multidisciplinary Physician Perspectives Toward the 2020 ADA Treatment Algorithm

Announcer:

Welcome to ReachMD.

This medical industry feature, titled “Multidisciplinary Physician Perspectives Toward the 2020 ADA Treatment Algorithm” is sponsored by Novo Nordisk. This program is intended for physicians.

Here’s your host Dr. Jennifer Caudle.

Dr. Caudle:

Coming to you from the ReachMD studios, this is ReachMD, and I’m your host, Dr. Jennifer Caudle. Joining me to share key updates and multidisciplinary insights on the 2020 ADA Standards of Medical Care in Diabetes are Drs. Pablo Mora, Joshua Stolker, and Carlos Campos. Dr. Pablo Mora is an Endocrinologist and Clinical Investigator at Dallas Diabetes Research Center at Medical City Dallas. He also holds an appointment as Clinical Professor with the Division of Endocrinology, Diabetes and Metabolism, at the University of Texas Southwestern Medical Center at Dallas. Welcome to you, Dr. Mora.

Dr. Mora:

How are you, Dr. Caudle?

Dr. Caudle:

Dr. Joshua Stolker is an Interventional Cardiologist practicing at Mercy Clinic Heart and Vascular in Saint Louis, Missouri. He is also an Adjunct Associate Professor of Internal Medicine at Saint Louis University School of Medicine. It’s great to have you with us, Dr. Stolker.

Dr. Stolker:

Thanks for having me.

Dr. Caudle:

And Dr. Carlos Campos is a Family Medicine Specialist in New Braunfels, Texas, and serves as Clinical Adjunct Professor for the Department of Family Medicine at the University of Texas Health Science Center at San Antonio. Dr. Campos, welcome.

Dr. Campos:

Glad to be here, Jennifer.

Dr. Caudle:

So, Dr. Mora, let me turn to you first for an overview of the 2020 ADA Standards of Care in Diabetes from your vantage point as an endocrinologist. What are the recommendations for adults with type 2 diabetes? And is there anything new with the 2020 treatment algorithm that we should know?

Dr. Mora:

So, the 2020 ADA Standards of Care in Diabetes, like the previous Standards of Care, continue to recommend that first-line therapy of lifestyle modifications and metformin be initiated at diagnosis of adults with type 2 diabetes. GLP-1 receptor agonists and SGLT2 inhibitors with a proven cardiovascular benefit – that is, meaning that they have a label indication for reducing cardiovascular events – continue to be recommended for patients with established atherosclerotic cardiovascular disease, chronic kidney disease, and heart failure.

However, the 2020 ADA now recommends that GLP-1 receptor agonists and SGLT2 inhibitors with proven cardiovascular benefit be considered for patients also at risk of atherosclerotic cardiovascular disease, chronic kidney disease, or heart failure, and that these recommendations be considered independently of baseline A1C or individualized A1C targets.

Dr. Caudle:

Hm. Thanks, Dr. Mora. And given this renewed focus on reducing risk of cardiovascular events in patients with type 2 diabetes, let's turn to Dr. Stolker for our cardiology perspective. So, Dr. Stolker, what are your initial thoughts towards these Standard of Care updates and their relevance to you and your colleagues?

Dr. Stolker:

Sure, well, obviously the guidelines are, are quite relevant. I think, as a whole, cardiologists don't want their patients to develop complications associated with poor glycemic control like retinopathy or renal disease, uh, but in the end most cardiologists are really going to focus on cardiovascular disease, right? We want to avoid major cardiovascular events like heart attack or stroke or cardiovascular death, and that's the focus for the cardiologists, and that's the style of the clinical trials that we design and, and, uh, quite frankly, that's why most of us come to work in the morning.

Dr. Caudle:

Understood. You know, Dr. Campos, as a family physician and primary care doctor, I imagine these revised Standards of Care have already had an impact on your scope of practice for type 2 diabetes patients as well.

Dr. Campos:

Yes, you know, the beautiful thing about these Standards of Care is that they speak directly to primary care doctors. Many of the patients with type 2 diabetes that we see every day may not have established cardiovascular disease. Uh, that means, they may not, they haven't, they have not had a stroke or an MI or a stent put in, and they don't have peripheral vascular disease, but they do have indicators for high risk, and now the Standards of Care help us guide therapy decisions, consider therapeutic options for our patients with type 2 diabetes, so if our patients are at high risk with cardiovascular disease without known or established cardiovascular disease, then we ought to consider these therapeutic options for our patients in our clinical medical management. So, it's very much a primary care issue now as well.

Dr. Caudle:

Absolutely. For those of you who are just joining us, this is ReachMD, and I'm your host, Dr. Jennifer Caudle, and with me to share key updates and multidisciplinary insights on the new 2020 ADA Standards of Medical Care in Diabetes are Drs. Pablo Mora, Joshua Stolker, and Carlos Campos.

So, Dr. Stolker, coming back to you, how do the recommended therapies differ with respect to a predominance of atherosclerotic cardiovascular disease, chronic kidney disease, or heart failure respectively?

Dr. Stolker:

Well, sure. If, if patients have primarily atherosclerotic cardiovascular disease, if that's the predominant issue, then GLP-1 agonists with, with proven cardiovascular benefits, uh, are, are preferred, and, and they're recommended by the guidelines. So, like Dr. Mora said, um, you know, we, we define this notion of, of cardiovascular disease benefit as, as having a label indication of, of reducing cardiovascular events.

If there's a predominance of heart failure or chronic kidney disease, then the SGLT2 inhibitors, uh, uh, have, have more of a, of a predominant role in our, our drug selection, um, since they've shown more consistent reductions in, in heart failure or progression of chronic kidney disease.

Dr. Caudle:

Now, Dr. Campos, let's consider patients followed regularly in primary care settings who don't have high-risk indicators for cardiovascular disease but struggle to lower A1C levels with lifestyle modifications and metformin therapy. What factors should we consider for initiating additional therapies in these patients?

Dr. Campos:

Sure. If the A1C remains elevated above individualized targets after three to six months of lifestyle modification plus metformin, then it is important that other patient factors should be considered when initiating additional therapy, such as hypoglycemic risk, effects on weight, the cost of medication. Additionally, treatment should be reassessed and modified for all patients regularly, meaning every three to six months.

Dr. Caudle:

Excellent, and, Dr. Mora, coming back to you for the final word, are there any other highlights from the 2020 ADA Standards of Medical Care in Diabetes, uh, that you think our audience should keep in mind?

Dr. Mora:

Yes, I think your audience, uh, should also, uh, wanted to be reminded that to consider initial combination therapy when the A1C is higher than 1.5 to 2 percent above target. Lastly, let me remind the audience as well that injectable GLP-1 receptor agonist therapy is recommended as the first injectable prior to basal insulin use in a majority of patients.

For me in particular, these updated Standards of Care change our mentality closer towards considering cardiovascular status, like we heard before, in patients with type 2 diabetes when making therapeutic decisions, and I think this creates an opportunity for endocrinologists like myself to collaborate with cardiologists and primary care doctors as we work together to improve patient outcomes because the majority of our patients with type 2 diabetes are going to benefit from that shared mentality.

Dr. Caudle:

Well, that's a great comment for us to think on as we come to the end of today's program. I'd really like to thank my guests for helping us better understand their specialty perspectives on the new 2020 ADA Standards of Care. Dr. Mora, Dr. Stolker, and Dr. Campos, it was great speaking with you all today.

Dr. Mora:

Thanks for having me.

Dr. Stolker:

Appreciate it, thanks for having us.

Dr. Campos:

Pleasure to be here. Thank you.

Announcer:

You've been listening to this Medical Industry Feature, sponsored by Novo Nordisk. If you missed any part of this discussion visit reachmd.com/heartoft2d. And to access the full 2020 ADA Standards of Care, go to diabetes.org and select Resources for Medical Practitioners. This is ReachMD. Be part of the knowledge.

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US20DI00339 October 2020