



# A GLIMPSE AT OPTIMAL T2D MANAGEMENT: ENHANCING OUTCOMES WITH GLP-1 RAS



## T2D Management Algorithm based on ADA Recommendations

1	Modifiable behaviors or lifestyle therapy including medically supervised weight loss, is key to managing T2D	<ul style="list-style-type: none"> <li>• Nutrition</li> <li>• Physical activity</li> <li>• Sleep and circadian rhythm</li> <li>• Behavioral support, include alcohol moderation</li> <li>• Smoking cessation</li> </ul>
2	Weight loss is a lifelong goal in all patients with T2D and overweight or obesity	<ul style="list-style-type: none"> <li>• Utilize BMI among other weight-related metrics such as waist circumference and central adiposity</li> <li>• Consider ethnic and genetic factors, such as lower BMI</li> <li>• Utilize behavioral interventions and weight loss medications as required to achieve chronic therapeutic goals</li> </ul>
3	Glycemic control targets <ul style="list-style-type: none"> <li>- Individualize A1C targets</li> <li>- Include fasting and postprandial glucoses</li> </ul>	<ul style="list-style-type: none"> <li>• One size does not fit all</li> <li>• Stratify choice of therapy based on initial A1C</li> <li>• Minimizing risk of hypoglycemia is a priority</li> </ul>
4	Individualize choice of therapies	<ul style="list-style-type: none"> <li>• Consider patient characteristics</li> <li>• Minimize risk of weight gain that can occur even with some T2D therapy regimens</li> <li>• Consider patient's personal preferences</li> <li>• Assess formulary restrictions, etc</li> </ul>
5	Consider related comorbidities	<ul style="list-style-type: none"> <li>• Comprehensive management includes CVD therapies (ie. lipid and hypertension management)</li> <li>• Collaborative and multi-disciplinary care includes mental health</li> <li>• Consider patient's family or genetic history for comorbidity risks</li> </ul>
6	Choosing a therapy regimen	<ul style="list-style-type: none"> <li>• The therapeutic regimen should be as simple as possible to optimize ease of use</li> <li>• Combination therapy is usually required and should involve agents with complementary actions</li> <li>• Evaluate therapy frequently until stable (ie. Every 3 months initially and then less often)</li> </ul>
7	Consider social determinants of health (SDoH)	<ul style="list-style-type: none"> <li>• Recognize and help mitigate barriers to care and access to treatment</li> <li>• Initial acquisition of therapies is only a part of the total cost of care, which includes monitoring and follow-up</li> <li>• Assess impact of net cost to patient</li> </ul>
8	Intensify therapy stratified by burden of T2D, obesity and related complications	<ul style="list-style-type: none"> <li>• If therapeutic targets are not met, intensify lifestyle and medication treatment modalities</li> <li>• T2D and obesity are chronic progressive diseases that require commitment to long-term therapy and follow-up</li> </ul>