DIABESITY DIALOGUE 3: IT TAKES A VILLAGE: THE NEED FOR EFFECTIVE MANAGEMENT OF T2D AND COMORBID CONDITIONS

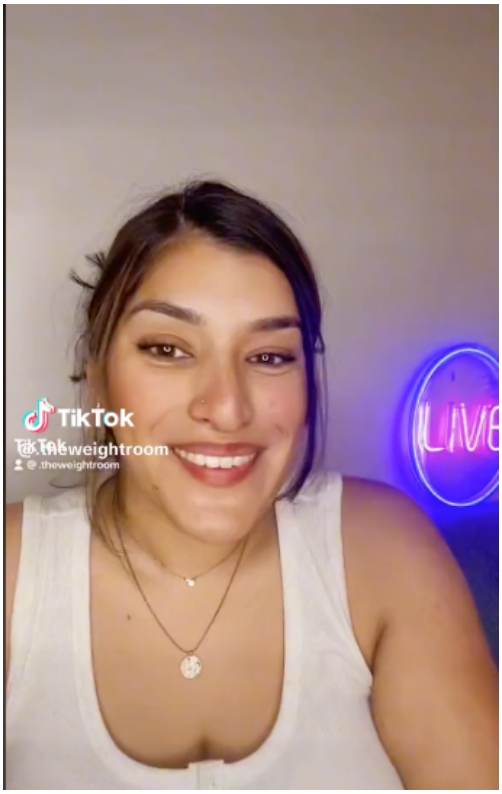
Robert Kushner, MD: Welcome to Diabesity Dialogs. I'm Bob Kushner from Northwestern University Feinberg School of Medicine where I'm a Professor of Medicine in Medical Education. And I'm joined by my friend and colleague Dr. Ard. Jamy, you want to go ahead and introduce yourself formally?

Jamy Ard, MD Yeah. Thanks, Bob. I'm Dr. Ard. I am Professor of Epidemiology and Prevention at Wake Forest School of Medicine. Glad to be here.

Dr. Kushner: Thanks, Jamy. So am I glad to be here with you.

So, Jamy, let's go ahead and start with a TikTok creator, and I'm going to get your thoughts about this on the other side.

Dr. Ard: Okay, let's take a look.



PATIENT PERSPECTIVE 1 – *ESTABLISHING PATIENT-CENTERED CARE TO INSPIRE CLINICIANS TO EVOLVE THE CONVERSATION WITH THEIR PATIENTS*

Cecilia Workman: Hi, if you're new here, my name is Cecilia and I've been on a journey to heal my body in the last nine months. Although it seems like it's been recent that I've gotten that diagnosis as type two diabetic, it did not come easily. It's taken over a decade and me seeking out help from doctors constantly being sick, more symptoms being overlooked for over a decade. Some of those things that were overlooked were our high glucose levels and my bloodwork and an A1C test that were being ran over the last decade. I've gained over 100 pounds and no doctor was concerned about that excessive weight gain. I would drink pitchers and pitchers and pitchers of water while we were dining out for dinner or lunch. And I brought it to my doctor's attention and they just thought oh, you're just a water drinker. I have been in and out of urgent cares, emergency rooms, doctor's office, even neurological appointments for chronic migraines that were unexplained with my recent diagnosis and being able to monitor my glucose levels. I now know that my migraines are actually triggered from my glucose levels being either too high or too low. We all know that doctors are practicing medicine so let's help continue to have this conversation by sharing your stories of signs or symptoms that were overlooked by your doctor that have been reduced or eliminated by using these GLP medications. Share your story or in the comments now.

Dr. Kushner: Jamy, what do, what do you think about Cecilia's post?

Dr. Ard: Yeah. I, I think she raises a lot of really interesting points and highlights some of the challenges of, of, you know, clinical care and, and some of the fragmentation of care often. But let's just start with the basics of,

you know, when people are gaining weight over time, I think often clinicians don't pay attention to that, and we explain it away, and we don't see that as a symptom of something else going on. I, you've heard me say this before, Bob, I think that any adult who is gaining weight if they're not pregnant or they're not a wrestler, that's abnormal weight gain, right. You know, we are rarely in an, in an adult state trying to intentionally gain weight.

So just as we would if we had a patient with congestive heart failure, if they came in and they had an increase in weight from the previous visit of 5, 10 pounds, even in a few months' period of time, we would take that pretty seriously. But we don't think about that as a serious event, health event. And I think she pointed out, you know, she gained 100 pounds over a decade and no one said anything. And it's not until some other complications of that excess weight gain present that then we rally out the troops. And there's a lot to be said for identifying that excessive weight gain early, intervening with that, and then preventing the diagnosis of diabetes that ultimately occurred. So I, I think that's a really important point in my book.

Dr. Kushner: Yeah, yeah, I agree with you. You know, what, what, what I heard, and she didn't explicitly say this, but what I think in the back of my mind is something called weight bias. Now she didn't say that she felt biased or stigmatized against, but when indivi-, and you were getting to this, Jamy, a moment ago. When individuals come in with obesity or with overweight, phys-, clinicians often attribute all the symptoms to the weight. You're drinking a lot, you're overweight

Now she didn't say that, but I think we all need to be aware that as one comes in who's overweight, and gaining weight, which you're talking about, we think about what else is going on here; it's not just bodyweight.
And the other thing I want to highlight what you said is when someone's gaining weight, no one, no one was paying attention to her. We have the luxury of having electronic medical records that will document and be able to visualize trajectories in bodyweight. And it's so important for our healthcare professionals be using the EMR and not only looking at trajectories of labs, which we do all the time, but l-, look at the graph tab and look at the trajectory. And if you see that going up, we often say about a 10% weight gain over one or two years – it could be any weight gain – you really want to pay attention to that.

Dr. Ard: Yeah, absolutely.

Dr. Kushner: Jamy, let me, let me change gears though. Something we have not talked about in the other episodes so far – we talked about the benefits of the medication, which, which is very important for patients and providers to know – but I think equally important are things like safety and side effects.

Dr. Ard: Yeah, so I, I have this sort of standard spiel that I use with patients when we're talking about GLP-1-related medications and usually includes the following. So I say, "Most people will have some type of GI-related side effect." Now the majority of people won't have a side effect that's severe enough or persistent enough to cause them to stop the medication, but you might likely experience something. And that often includes something like nausea, reflux, constipation, or diarrhea. Some people get a little bit of vomiting, but, again, 80% of people might experience one or more of those things. And we use a slow titration process, so we gradually increase the dose of the medication and allows your body to sort of get accustomed to this new drug being around. And over time, people experience less of these symptoms, fewer of them and the intensity is lower.

I do talk to people about the idea that if you are experiencing side effects, let us know because there are strategies that you can do, things that you can avoid, ways of eating, ways of consuming your foods, food

choices that will make a difference in whether or not you experience more of these side effects or the intensity is higher.

Dr. Kushner: Yeah. I want to emphasize the last talk, thing you talked about about mitigating side effects. If you are a primary care provider and you want to reduce the flurry of emails going into your inbox when you start this medication, make sure you cover, diet changes to reduce those side effects, otherwise you're going to be up all night answering those messages. They're going to say, "What did you put me on?" So not all patients, but, you know, it really helps. So make sure part of that spiel, as you said, that you tell patients is, "Here's the dietary changes I want you to try to cha-, to do in order to reduce those side effects."

Dr. Ard: Yeah.

Dr. Kushner: Jamy, are you ready? We're going to play a game. Are you ready for this?

Dr. Ard: Well, let's see. What are the stakes?

Dr. Kushner: Just your reputation. They're very, very mild.

Dr. Ard: Oh, I can, I can go on that all day. I can go on that all day.

Dr. Kushner: I'm, I'm going to pivot, and we're going to talk about goal setting, which is very—
Dr. Ard: Okay.

Dr. Kushner: And we talked about, you know, prioritization, what do you want to talk about in the encounter and, and chief complaint. We're going to also talk about now goal setting, which is more kind of the provider what are you, what are you talking about with your patient? This is the lightning round kind of a game here, and here, here's the setup. Do you prio-, prioritize or do you not prioritize?

Dr. Ard: Okay.

Dr. Kushner: You ready?

Dr. Ard: All right, let's do it.

Dr. Kushner: All right, here's the first one. Do you prioritize or do you not prioritize achieving a target hemoglobin A1C level of less than 7% in your patients with diabetes?

Dr. Ard: I say I do prioritize that, and I do that mostly because of the data related to lower risk of complications from macrovascular disease when we see A1Cs less than 7. So, yes.
How about this one for you reducing or eliminating the need for medication through lifestyle change.

Dr. Kushner: Absolutely. I didn't even have to think about that one, Jamy. We want to- You and I are strong believers in lifestyle change, right, healthy diet, adequate physical activity, good night's sleep, deal with stress, avoid alcohol and others, and tobacco and other substances. And the, the power of lifestyle, whi-, of which, by the way, maintaining a healthy bodyweight is one of the outcomes of living a healthy lifestyle if possible. You

want to try to get people off medication. They love that. Patients really see a benefit when they get off of medications, when you can.
Dr. Ard: Absolutely.

Dr. Kushner: I mean if you're on a statin, you're probably on a statin, for example, a long period of time – a blood thinner in someone with coagulopathy. But if you can, you want to get them improving at lifestyle. My turn to you now, okay. Do you prioritize or do you not prioritize losing a certain amount of bodyweight?

Dr. Ard: Ooh, now you're getting tough. So, do I prioritize it? No, I don't. My patients often do. I work in a space, as you do, where we see patients who are coming to us for weight management, and they often have a very specific target.

I will caveat that with saying that we do know that higher amounts of weight loss may be associated with or are associated with greater reductions in, in certain disease states, improvements in disease states, and, like you talked about before, increasing the potential for reducing medication needed to control a certain disease. So, you know, to some extent, if we are talking about weight reduction, we're, we're thinking about trying to get to a certain threshold of weight loss that then helps to achieve some of those health goals.

I don't necessarily prioritize it, but when the patient wants to include it as a part of their treatment strategy, then we talk about what, what would be an appropriate treatment strategy to get to their goal.
All right, here's one for you. Which one, health gains or weight loss? And we're going to look at a little bit of a, a, a video from a creator here who's contributed that I think will give you a little bit of a, a context to, to answer this response here,

PATIENT PERSPECTIVE 2 – *ESTABLISHING PATIENT-CENTERED CARE TO INSPIRE CLINICIANS TO EVOLVE THE CONVERSATION WITH THEIR PATIENTS*
Ashton McGrady: [excerpt]

Number two set expectations from the beginning. If your goal isn't weight loss, tell your doctor that. This is a frank conversation I've had to have with some of my own providers saying hey, I'm more focused on gaining health rather than the weight loss portion. Can we shift the conversation to that? It is okay to focus on those other wins. Some patient portals may even let you send a message to your doctor prior to the appointment to let them know this information. But if not show up and put it out there first thing.

Dr. Kushner: You know, Jamy, I value what she said and I value her boldness and, and being prepared to, to advocate for yourself and come, come pr-, fully prepared when you see your healthcare professional. But, you know, my first response is it's really, it's a false dichotomy. I mean you could gain health and lose weight the same time. I don't think it's either/or. I think the key is what's the message? If you're seeing a healthcare provider, and all they're thinking about is you got to lose weight, you got to lose weight, and that's the driving force, I think the doctor is missing the, the, the point.
I look at weight as a metric of health, so I'm talking about increasing function, getting off medications, getting your medical problems under better control, feeling better about yourself. Those are all health gains How's that, Jamy, you buy that?

Dr. Ard: I buy that.

Dr. Kushner: All right. My turn.

Dr. Ard: All right.

Dr. Kushner: Setting goals without patients' individual circumstances and preferences, what do think is that one of your goals?

Dr. Ard: No. But that's an easy way to get fired to not have a patient come back. If you, if you want to get rid of a patient, then do this and, and just dictate what you want the patient to do without any consideration of their context. And, you know, and, in all likelihood, if the patient comes back, they're, you know, unlikely to have engaged or, or implemented any part of that treatment plan. And so I, I think this one's a pretty simple one. I'll take that softball.

Dr. Kushner: Yeah, I agree.

Dr. Ard: All right.

Dr. Kushner: I gave that to you. You did a good job with it, but it was easy.

Dr. Ard: All right, here, here we go. We'll finish up with this one. How about prioritizing, yes or no, Type 2 diabetes remission.

Dr. Kushner: Yeah, that's a good one. You know, that, that's something we, that's a word we haven't even used before. It, it really is brand new and can't even believe we're talking about Type 2 diabetes remission. It's, it is a new concept though, but remission is now talked about in the literature and it's, it's, and it's not impossible or, or kind of a pipedream to do, so I'm, I'm going to toss this back to you, James, you do such a better job. What, what, what is remission in Type 2 diabetes?

Dr. Ard: Yeah. So remission of Type 2 diabetes is, is really defined as an A1C less than 6.5, so you're below the cut point that we would use to diagnose Type 2 diabetes, and on no medications for diabetes for at least three months. And, you know, that's now the standard definition that's been adopted by the American Diabetes Association and other groups. And, you know, it's a really important concept because I think of it in the space as a disease-modifying treatment, right.

So we've before really just sort of conceptualized Type 2 diabetes as this chronic progressive disease and people will gradually need more therapy, more intensive treatment; and everyone, ultimately, you know, who sees this progression ends up on insulin therapy, and it's just a matter of how much time before you get to that endpoint. That's the way, when I was in medical school, that's the way you sort of thought about diabetes.

And now we're saying, given what we talked about in the previous episode where the relationship between obesity and diabetes is very clear, and we see that diabetes is essentially a longer-term complication of that excess weight gain, the changes in insulin sensitivity and in all of the, you know, sort of problems that happen as a result of that, that if we address that primary issue of obesity, that we can start to see that the diabetes actually resolves or improves or gets to remission.

So let's, let's talk about when we've got a patient and we need to, you know, put together a treatment plan that's going to help us think through this idea of remission or improving control of Type 2 diabetes, how do you build a team of collaborators to really help you get to the goal that you and the patient have set? Because, you know, I mean you're a great clinician, Bob. I mean you're a Hall of Famer, right, but you can't do it all yourself and you need a, you know, need a team to help you. So talk us through, you know, how do you manage that collaboration with other professionals

Dr. Kushner: Well, first of all, Jamy, thank you for making me a Hall of Famer. That was very kind of you. You know, I, I always think of what we do, you and J-, Jamy, you and I and others, as a, as a team sport. You know, if we want to use that f-, kind of sport analogy, we're the quarterback, if you will, 'cause that's kind of the role physician's play. But it, it's, it is a team sport; we, we can't do it alone. You're absolutely right. And, and it is challenging; I want to acknowledge that right off the back because we work in an acute care environment, vast majority of us do, even though this whole Diabesity series is talking about a chronic relapsing disease.
So we have to navigate how do we build a team when we're seeing people every 15 to 20 minutes in the acute care setting, but it can be done. You want to identify individuals who are likeminded, have a sense of groupness, so philosophically we're on the same page, and you want to use members that, that k-, play a key role.

If it's access and affordability, you may want to think about a social worker, right. How do you—

Dr. Ard: Oh yeah.

Dr. Kushner: -how do you get the need for, for whether it's equipment and other resources in the home? And, of course, you have the endocrinologist and there you're thinking about someone who may have, may have complicated diabetes or, or, or ramping up to a continuous glucose monitor doing things like time in, in, time in range and so forth that ma-, may need a little bit more guidance with that. That's what I do, Jamy.

Dr. Ard: That sounds great. It's nice to have all of that kind of support available.

And, you know, the other thing that's really nice these days as we expand on telehealth is that even if you don't have all of that within your own health system or within your own clinic, you can start to get more of that expertise through telemedicine. And so it's really nice to be able to, to pull those folks together to work with you.

Dr. Kushner: Yeah. For all of you listening in, teamwork is so darn important and, and look around and see who you can add to your team to help patients navigate their disease and have better outcomes.

Well, Jamy, you know, it's time to wrap up Episode 3. We hope that all of you received some valuable information about the current goal setting with your patients and working collaboratively to address diabesity. Dr. Ard, see you next episode and talk more about individualizing care for diabetes, utilizing patient-reported outcomes, and shared decision-making. Let's see you soon and stay tuned.

Dr. Ard: I'll be there.