

DIABETES EDUCATOR

Diabetes FootCon 2022 Proceedings-II **DPP4 and SGLT2 has gastric inhibitory action with no risk of hypoglycemia-Yusuf Kamal Mirza** **Reduction in morbidity and mortality is linked with ulcer and amputation - Dr. Roberto**

In Karachi, during the NADEP Diabetes FootCon 2022, Dr. Yusuf Kamal Mirza highlighted the challenge of controlling diabetes, especially when oral drugs are insufficient, achieving only up to 50% control. He emphasized the need to go beyond just managing blood sugar levels, citing cardiac safety as a significant concern and stressing the importance of preventing diabetes-related complications.

Dr. Mirza pointed out that many individuals remain in the pre-diabetes stage for years, during which complications may already be underway. Insulin resistance poses a problem, and by the time diabetes is diagnosed, 50% of beta cells may be lost. Managing postprandial (after-meal) glucose levels is a significant challenge. Dr. Mirza discussed the use of a combination of GLP1 and long-acting insulin to reduce HbA1c levels, stating that relying solely on basal insulin is not sufficient, and people are often hesitant to use additional injections.

He recommended initiating GLP1-RAS simultaneously, highlighting its advantages of reducing weight gain, achieving postprandial glucose control, and avoiding the risk of hypoglycemia. Dr. Mirza emphasized that starting GLP1 treatment early leads to more significant reductions in HbA1c. He also discussed the pros and cons of short and long-acting GLP1 receptors, emphasizing the importance of selecting the appropriate drug based on individual needs. The combination not only reduces insulin requirements but also provides cardiac safety.

Dr. Mirza discussed the safety, efficacy, and therapeutic indicators of these drugs in detail. While Metformin does not offer cardiac benefits, it is still commonly used. Dr. Mirza suggested starting with a combination of DPP4 and SGLT2, emphasizing its gastric inhibitory action and the absence of hypoglycemia risk.



Ms. Erum Ghafoor

On the last day of the conference, Ms. Erum Ghafoor was the first speaker, discussing the concept of Time in Range and simplifying it. She emphasized that Time in Range represents the daily experience of living with diabetes and is crucial for making therapeutic decisions. Traditionally, HbA1c has been seen as the gold standard for diabetes control, but perceptions are changing.

Ms. Ghafoor highlighted the Diabetes Control and Complications Trial (DCCT) group's findings on the benefits of good diabetes control. While HbA1c is a standard measure, it may not change as quickly as expected in practical situations. Achieving the HbA1c goal doesn't necessarily guarantee good glycemic control, and there are associated risks of complications. The focus should shift to defining a range between 100-160, with a higher time in range correlating with lower chances of complications. Patients prefer time in range due to its flexibility, allowing for more targeted solutions.

Ms. Ghafoor stressed the need for Continuous Glucose Monitoring (CGM) to measure time in range, enabling a holistic assessment and providing actionable insights for targeted therapeutic decision-making. During the discussion, a participant noted the challenges with applying time in range to the elderly and suggested simpler approaches for this demographic. Patient education is essential, helping them understand their normal range to avoid hypoglycemia.

The following session focused on a Satellite Symposium sponsored by Getz Pharma, with Dr. Nanik Ram from Aga Khan University Hospital as the speaker. The topic discussed was "Oral Antidiabetic Therapy and its Impact on Clinical Practice." Dr. Ram emphasized that the treatment goal is to prevent complications, particularly in obese patients who often experience cardiac morbidities and may also have chronic kidney disease. The complications affecting the heart and kidneys can influence glycemic control.

Dr. Ram highlighted the role of SGLT2 inhibitors, which not only reduce glucose reabsorption but also contribute to a decrease in cardiac complications. He mentioned that the fixed-dose combination of Ertugliflozin plus DPP4 reduces HbA1c by 1.7%. This suggests that these oral antidiabetic therapies can have a positive impact on both glycemic control and the prevention of complications, especially in patients with additional health challenges like obesity and kidney disease.