

CHIEF COMPLAINT**Diabetes Management****COMMENTS TO SPECIALIST**

This is a 61-year-old male who has uncontrolled Type 2 Diabetes Mellitus (T2DM). His most recent A1C was 10.8. He was on Trulicity[®] 1.5 and Lantus[®] 47 units bid. He has Stage 4 Chronic Kidney Disease (CKD 4) with a baseline creatinine of 2.5. Fasting Blood Sugar (FBS) was generally < 150, but PP was 200-300.

I increased his Trulicity[®] to 3mg, changed his Lantus to 40 units q 12 hours, and started logging FBS tid with meals. He then was getting some FBS < 70, so I decreased his Lantus to 35 units q 12 hours.

I will review his blood sugar this week.

MAIN QUESTION

Do you have any other suggestions?

SUMMARY

Treatment options are available at the primary care level.

DETAILS

Lantus should be titrated to a goal FBS of under 130. If the patient continues to have fasting/overnight hypoglycemia, it is appropriate to decrease the dose.

Ensure that no Humalog[®] is given at HS to avoid overnight hypoglycemia.

It can be uptitrated further to Trulicity 4.5mg/week after tolerating the 3mg/week well for 4 weeks. If tolerating the max dose well, then it may decrease Humalog further, as Trulicity will aid in both weight loss and appetite suppression. The need for Humalog with meals may be reduced.

Eventually, as the patient loses weight, you may be able to lower the basal insulin level as well.

Another option to consider if the Trulicity is maxed out and the patient still has high blood sugars is to consider Jardiance[®] 10mg daily (it is an SGLT2 inhibitor; thus, it is important to ensure no h/o frequent UTI/genital yeast infections or Euglycemic diabetic ketoacidosis (EDKA) before starting and important to educate the patient on the importance of hydration when on Jardiance).

Labs in 3 months for A1C, Creatinine (Cr), Glomerular Filtration Rate (GFR), and Liver Function Tests (LFT).

Thank you for the courtesy of this consultation.