

# CASES FOR DISCUSSION

- A 63-y-old woman is referred for diabetes management
- She has a h/o DM2 for 15 years, HTN, Dyslipidemia, CKD, MI (6 years ago), NASH and Sleep apnea
- Her current meds include: metformin 1 g BID, glargine 42 units HS, semaglutide 1 mg weekly, rosuvastatin 40 mg daily, metoprolol 50 mg daily, ramipril 10 mg daily, aspirin
- BP 140/90; HR 80; BMI 36; Exam shows 2+edema in her LEs
- Labs: A1c 10%, eGFR 42, Na 142, K 4.5, LDL 60, TG 258, HDL 32, UACR 345, normal LFTs/TSH
- Points discussed with patient:
  - Starting mealtime insulin but patient reluctant because of more injections and weight gain from insulin
  - Weight management: tried many diets without long-term success, refuses weight loss meds/bariatric surgery
  - Adding SGLT2-I for cardiorenal protection
  - BP/Lipids management
  - Referral to other specialists: nephrology/cardiology

# UNCONTROLLED DM AND CVA

- 67 y/o non-smoking poorly controlled IRDM for many years due to total non-compliance on her part with frequent missed doses of insulin and “failed” DM nutrition etc classes on multiple occasions
- BMI 35 with associated HTN and hyperlipidemia on ACE and statin
- Calls me recently as just discharged local hospital for CVA with residual dysarthria and hemiparesis but is functional and now wants to get herself back in “shape” and local endo suggested she speaks with me about CSII?
- Of what benefit is intensification of insulin and goal a1c in secondary prevention of stroke?
- Any other agents of benefit for sec prev of cva?