Case Presentation

CREATED BY:

VANCE HOWERTON

DOCTOR OF PHARMACY CANDIDATE CLASS OF 2022

UNIVERSITY OF MISSOURI – KANSAS CITY

Patient Background

RP-II is a 46-year-old male scheduled for an initial consult

PMH/PSH: unanswered on enrollment form

Allergies: No Known Drug Allergies

SH: Unknown tobacco or alcohol use, endorses caffeine 2-6 cups/day and exercise 1-2.5 hours/week

BMI: Unknown

Known Active problems:

• Type II Diabetes Mellitus

Medications

metformin 500 mg	• 2 tablets PO BID
glimepiride 2 mg	• 1 tablet PO BID
Farxiga (dapagliflozin) 5 mg	• 1 tablet PO daily
simvastatin 20 mg	• 1 tablet PO daily
Nugenix Ultra	• 1 tablet PO daily
GNC Male Multivitamin	• 1 tablet PO BID

Type II Diabetes Mellitus

Subjective:

- Initial diagnosis in 2013, noticed he was having to go to the bathroom all the time
- Motivated to change lifestyle exercising more
- Wants to avoid injections
- Reported Medication Use

Objective:

- Reported Hb-A_{1c}: 9.6% (08/21)
- Reported FBGs: 120-250 mg/dL (tests 3x/week) experiences lows with BG < 100 mg/dL
- Reported BP: <130/70 mmHg

Type II Diabetes Mellitus

Assessment:

- Uncontrolled
- Goals: Hb-A_{1c} < 7.0%, FBG 80-130 mg/dL, PP-BG < 180 mg/dL¹

Plan:

- Non-Pharm will cover in obesity
- Pharm
 - Optimize metformin therapy²
 - Optimize Farxiga therapy²
 - Optimize Statin therapy
 - Self-Monitor Blood Glucose

1. AMERICAN DIABETES ASSOCIATION. 6. GLYCEMIC TARGETS: STANDARDS OF MEDICAL CARE IN DIABETES-2021. DIABETES CARE. 2021;44(SUPPL 1):S73-S84. DOI:10.2337/DC21-S006

 AMERICAN DIABETES ASSOCIATION. 9. PHARMACOLOGIC APPROACHES TO GLYCEMIC TREATMENT: STANDARDS OF MEDICAL CARE IN DIABETES-2021. DIABETES CARE. 2021;44(SUPPL 1):S111-S124. DOI:10.2337/DC21-S009

Obesity/Overweight

Subjective:

- · Wants to be in better shape for his job as a law enforcement officer
- Interested in meal plan information
- Currently, trying to exercise more

Objective

BMI – 33 kg/m²

Assessment:

• Goals: Promote > 5% reduction in body weight through diet, exercise, and behavior changes³

Plan:

- Non-pharm
- Diabetic plate method, exercise 150 minutes/week over 3 days performing aerobic activity with resistance training mixed in⁴
- Setting up appointment with health coach to discuss options

3. AMERICAN DIABETES ASSOCIATION. 8. OBESITY MANAGEMENT FOR THE TREATMENT OF TYPE 2 DIABETES: STANDARDS OF MEDICAL CARE IN DIABETES-2021. DIABETES CARE. 2021;44(SUPPL 1):S100-S110. DOI:10.2337/DC21-S008

4. AMERICAN DIABETES ASSOCIATION. 5. FACILITATING BEHAVIOR CHANGE AND WELL-BEING TO IMPROVE HEALTH OUTCOMES: *STANDARDS OF MEDICAL CARE IN DIABETES-2021*. *DIABETES CARE*. 2021;44(SUPPL 1):S53-S72. DOI:10.2337/DC21-S005



Future Considerations

- Consider recommending switching to Rybelsus (semaglutide) from Farxiga
 - Oral tablet like Farxiga
 - PIONEER 2⁵
 - Non-inferior to Jardiance (empagliflozin) in Hb-A_{1c} reduction
 - Better weight loss/waist circumference reduction?
 - GI side effects vs. UTIs

- 2. AMERICAN DIABETES ASSOCIATION. 9. PHARMACOLOGIC APPROACHES TO GLYCEMIC TREATMENT: STANDARDS OF MEDICAL CARE IN DIABETES-2021. DIABETES CARE. 2021;44(SUPPL 1):S111-S124. DOI:10.2337/DC21-S009. FIGURE 9.1
- 5. RODBARD HW, ROSENSTOCK J, CANANI LH, ET AL. ORAL SEMAGLUTIDE VERSUS EMPAGLIFLOZIN IN PATIENTS WITH TYPE 2 DIABETES UNCONTROLLED ON METFORMIN: THE PIONEER 2 TRIAL. *DIABETES CARE*. 2019;42(12):2272-2281. DOI:10.2337/DC19-0883

Anxiety

Subjective:

- No official diagnosis
- Stressors from job law enforcement officer working in the jail
- "missing things during a pat down"

Objective:

• GAD-7 – 10 (moderate anxiety)

Assessment:

- Experiencing anxiety related to stressors from job
- Goals: reduce symptoms and manage with non-pharm measures

Plan:

- Non-pharm
- Recommended that the patient utilize his Employee Assistance Program

Low Testosterone

Subjective:

- Feels sluggish
- Reports total testosterone low (260s) with free testosterone in normal range
- Began taking supplements
- Feels more awake since starting

Objective:

• n/a

Assessment:

• Goal: promote normal testosterone through discussion with PCP about treatment

Plan:

• Discuss treatments with PCP and continue to monitor testosterone lab values

• Pharm

• Continue Nugenix ultra and GNC Male multivitamin PO daily

Diabe	Type II Diabetes	Diabetic Eye Exam	Indicated – Planning on doing soon ⁷
		Diabetic Foot Exam	PCP/self perform (no issues)
	Mellitus	Diabetic Dental Exam	Indicated – Trying to find a new dentist ⁷
		Indicated	PPSV23 ⁷
-		Immunizations	Hep B ⁷
	• •	Up To Date	Нер С
	Overall		COVID-19 (2/2 Moderna)
	Health		Influenza (annual)
			Tdap
		Indicated	Colonoscopy ⁸

AMERICAN DIABETES ASSOCIATION. 4. COMPREHENSIVE MEDICAL EVALUATION AND ASSESSMENT OF COMORBIDITIES: *STANDARDS OF MEDICAL CARE IN DIABETES-2021. DIABETES CARE.* 2021;44(SUPPL 1):S40-S52. DOI:10.2337/DC21-S004
WOLF AMD, FONTHAM ETH, CHURCH TR, ET AL. COLORECTAL CANCER SCREENING FOR AVERAGE-RISK ADULTS: 2018 GUIDELINE UPDATE FROM THE AMERICAN CANCER SOCIETY. *CA CANCER J CLIN.* 2018;68(4):250-281. DOI:10.3322/CAAC.21457



Questions?

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