

The Incretin Concept: A Case-study Approach to Glycemic Control in Type 2 Diabetes

Case Study

Description of presentation: Today's session will include an interactive discussion of the attached case study. The case involves a patient who has been recently diagnosed with type 2 diabetes with related conditions. Based on the data available in the case study, the facilitators and audience will discuss practical management strategies and the scientific rationale that support these strategies. Specific questions the audience will be asked to address include an assessment of the patient's glycemic control and strategies for improvement to the diabetes management plan.

Premise: You (audience members) are pharmacists working in a setting where you collaborate with a group of physicians. You have access to the patient's medication records. You are responsible for evaluating and monitoring the patient's therapy. You are responsible for providing comprehensive patient management and education.

Initials	DOB/Age	Sex	Race/Ethnicity	Source
TC	48 yr.	M	Hispanic	Patient and medical records
<p>CC/HPI (including sx analysis for CC): "I'm feeling great. I know my doctor told me I need to control my sugar better; but I don't want any needle medicine!"</p> <p>Patient here for a follow-up BG check. The patient states that he has been taking his medication "every day" including this morning. He denies any feelings of dizziness, lightheadedness, or fatigue. He denies lower extremity edema, palpitation, and chest pain. He is able to walk 3-4 blocks "easily" and a flight of stairs without stopping.</p> <p>The physician ordered routine labs (metabolic panel, TSH, and fasting lipids); the patient states he had them done last week and had been fasting for at least 12 hours when the blood was drawn.</p>				

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TC Patient Case-study

6/2005	Aspirin 81mg daily	CVD Prevention
2/2003	Atorvastatin 20 mg daily	Dyslipidemia
3/2006	Metformin 1000mg BID	T2DM
Vaccinations: Influenza vaccine fall 2007		
Drug Allergies/Adverse Effects: NKDA		
Family Medical History: Mother – T2DM, CVD		Brother – T2DM, CVD
Social History	Residence: lives at home w/ wife Wife does all the cooking	Occupation: Construction worker
Smoking: Denies smoking, illicit drug use		EtOH: 1-2 beers on weekends

Objective Data (observations/vital signs/physical examination/labs)

General: pleasant male in NAD; A&O x 3

BP = 132/78 mm Hg

Pulse = 68, regular

R=12

T=97.9 (oral)

Height = 5' 6" Weight = 193 lb. BMI = 31.4 kg/m²

Physical Exam – WNL

Laboratory Tests (measured 10/10/2007) - FASTING

Na = 139 K = 4.3 Cl = 99 CO₃ = 23 BUN = 11 SCr = 0.9

Glucose = 148

A1C = 7.6

AST = 22 ALT = 44

Total Cholesterol = 178 LDL-C = 112 HDL-C = 29 TG = 217

Previous Laboratory Tests (measured 6/28/2007) - FASTING

Na = 137 K = 4.7 Cl = 101 CO₃ = 22 BUN = 9 SCr = 0.8

Glucose = 136

A1C = 7.2

AST = 22 ALT = 44

Total Cholesterol = 174 LDL-C = 104 HDL-C = 30 TG = 202