KNOW YOUR AUDIENCE

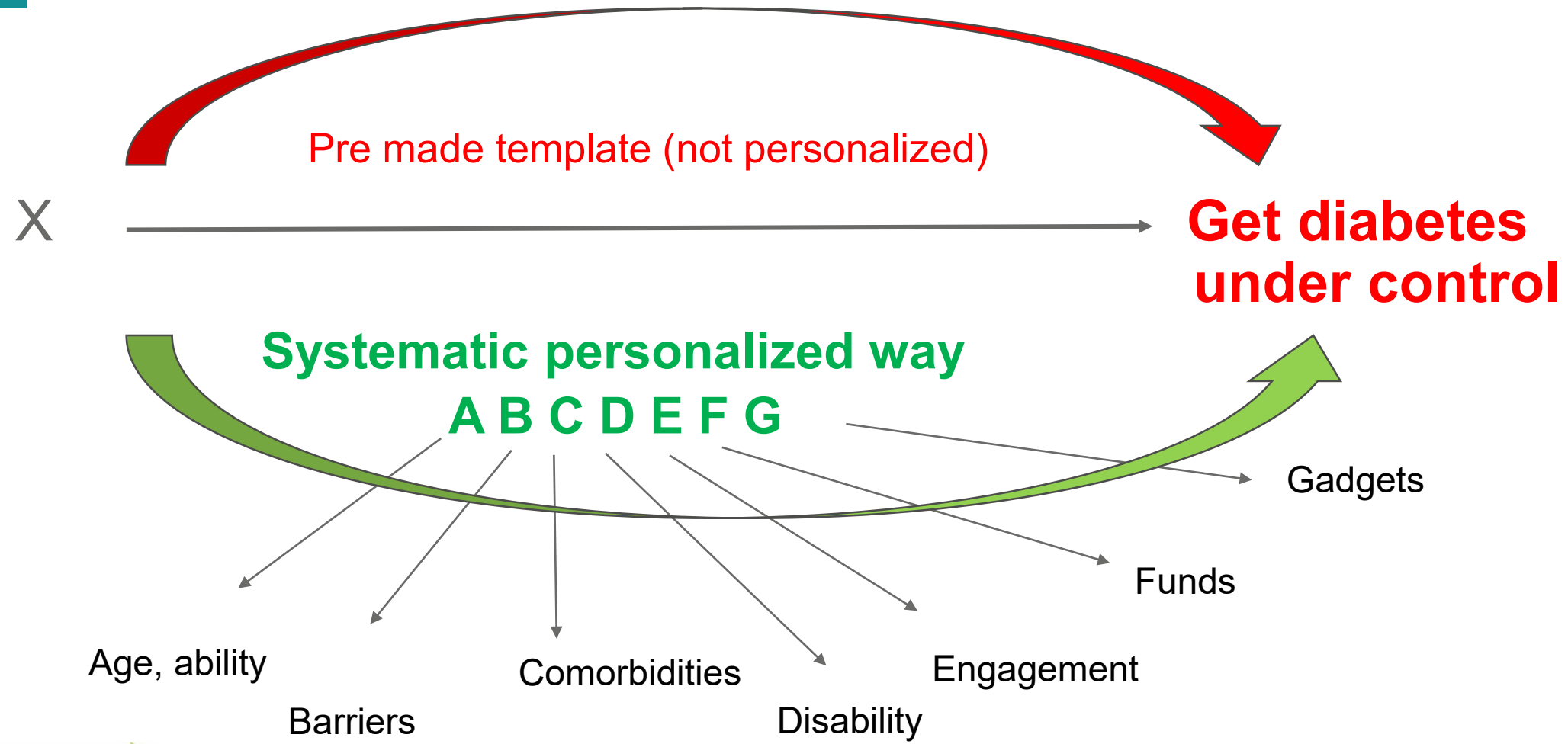
KNOW YOUR AUDIENCE objectives

- Personalize diabetes treatment goals while considering patients' goals and your goals
- Personalize medication choices
- Personalize recommendation of resources and tools
- Personalize plan of care overall

WELL-AHEAD

Project ECHO®

Don’t lose sight of individualized care



CLASSIFICATION of diabetes

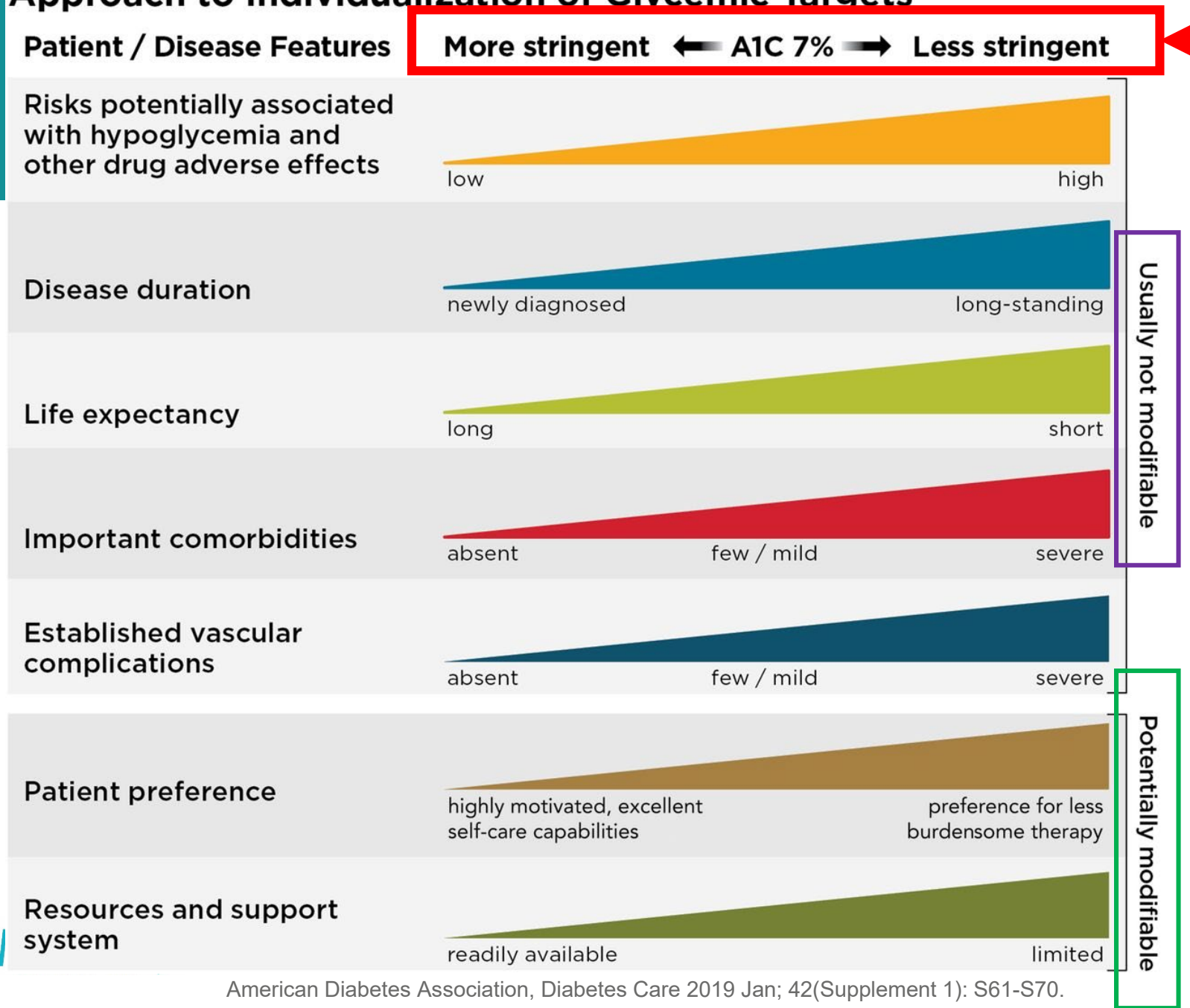
1. Type 1 diabetes
   (due to autoimmune b-cell destruction, leading to absolute insulin deficiency)

2. Type 2 diabetes (due to a progressive loss of b-cell insulin secretion frequently on the background of insulin resistance)

3. Gestational diabetes mellitus (GDM) (diabetes diagnosed in the second or third trimester of pregnancy that was not clearly overt diabetes prior to gestation)

4. Specific types of diabetes due to other causes, e.g., monogenic diabetes syndromes (such as neonatal diabetes and maturity-onset diabetes of the young [MODY]), diseases of the exocrine pancreas (such as cystic fibrosis), and drug- or chemical-induced diabetes (such as with glucocorticoid use, in the treatment of HIV/AIDS, or after organ transplantation)

Approach to Individualization of Glycemic Targets



Modifiable
Physical inactivity
Overweight/obesity
Hypertension
Smoking
Abnormal lipid levels

American Diabetes Association, Diabetes Care 2019 Jan; 42(Supplement 1): S61-S70.

Monitoring glucose

(glycated protein)

- A1c vs CGM vs fructosamine vs **SMBG**

(Glycated hemoglobin)
Kidney failure, liver disease, or severe anemia

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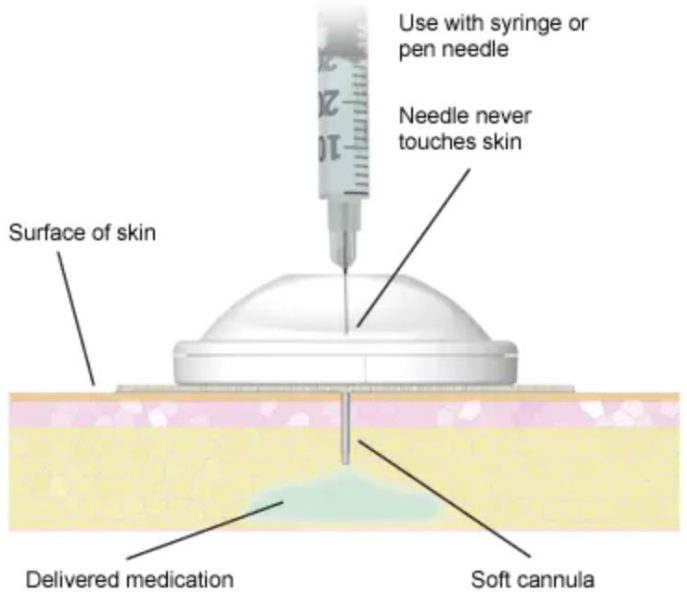
Glucose goals

- Age and ability
- 93 year old with impaired vision
- 53 year old tech savy
- 63 year old with multiple comorbid conditions with needle phobia

Gadgets

- Glucometer for visually impaired
- Hearing impaired
- Multiple injections device
- Pen with time stamp and dose



Common Comorbidities

- Cancer
- Cognitive Impairment/ Dementia
- Fatty Liver Disease
- Pancreatitis
- Fractures
- Hearing Impairment
- HIV
- Low Testosterone (Men)
- Obstructive Sleep Apnea
- Periodontal Disease
- Psychosocial/Emotional Disorders

American Diabetes Association. 4. Comprehensive medical evaluation and assessment of comorbidities: Standards of Medical Care in Diabetes 2019. Diabetes Care 2019;42(Suppl. 1):S34–S45

PROFILES OF ANTIHYPERGLYCEMIC MEDICATIONS

	MET	GLP1-RA	SGLT2i	DPP4i	AGi	TZD (moderate dose)	SU / GLN	COLSVL	BCR-QR	INSULIN	PRAML
HYPO	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Moderate/Severe / Mild	Neutral	Neutral	Moderate to Severe	Neutral
WEIGHT	Slight Loss	Loss	Loss	Neutral	Neutral	Gain	Gain	Neutral	Neutral	Gain	Loss
RENAL / GU	Contra-indicated if eGFR <30 mL/min/1.73 m²	Exenatide Not Indicated CrCl <30 Potential Benefit of LA GLP1-RA	Not Indicated for eGFR <45 mL/min/1.73 m² See #1 Genital Mycotic Infections Potential CKD Benefit; See #1	Dose Adjustment Necessary (Except Linagliptin) Effective in Reducing Albuminuria	Neutral	Neutral	More Hypo Risk	Neutral	Neutral	More Hypo Risk	Neutral
GI Sx	Moderate	Moderate	Neutral	Neutral	Moderate	Neutral	Neutral	Mild	Moderate	Neutral	Moderate
CHF	Neutral	Neutral	Prevent HF Hospitalization Manage HFrEF; See #2	See #4	Neutral	Moderate	Neutral	Neutral	Neutral	CHF Risk	Neutral
CARDIAC											
ASCVD		Potential Benefit of LA GLP1-RA	See #3			May Reduce Stroke Risk	Possible ASCVD Risk	Lowers LDL-C	Safe	Neutral	
BONE	Neutral	Neutral	Neutral	Neutral	Neutral	Moderate Fracture Risk	Neutral	Neutral	Neutral	Neutral	Neutral
KETOACIDOSIS	Neutral	Neutral	DKA Can Occur in Various Stress Settings	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral

- Few adverse events or possible benefits
- Use with caution
- Likelihood of adverse effects

1. Canagliflozin indicated for eGFR ≥30 mL/min/1.73 m² in patients with CKD 3 + albuminuria.
2. Dapagliflozin—potential primary prevention of HF hospitalization & demonstrated efficacy in HFrEF.
3. Empagliflozin—FDA approved to reduce CV mortality. Canagliflozin—FDA approved to reduce MACE events.
4. Possible increased hospitalizations for heart failure with alogliptin and saxagliptin.

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WELL-AHEAD

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Occupational Therapy's role in the management of Diabetes

Objectives

- What is Occupational Therapy?
- Understand how occupational therapists serve patients
- Referrals to Occupational therapists

Defining Occupational Therapy

- “The therapeutic use of everyday life occupations with persons, groups, or populations (i.e., the client) for the purpose of enhancing or enabling participation. Occupational therapy practitioners use their knowledge of the transactional relationship among the client, the client’s engagement in valuable occupations, and the context to design occupation-based intervention plans” -OT Practice Framework-

- Engagement in valuable occupational tasks
  - Dressing, going to work, participating in hobbies, socializing, managing medication

Client centered treatment and Activity Analysis

- Client Centered/Individualized care
  - Occupations, environment, habits, roles, and routines, performance patterns/skills
- Task/Activity Analysis
  - Breaking down a task and defining the different elements required to complete the task.
    - Physical abilities, social skills, environmental constraints, cognitive abilities

Case Study

68 year old female who had a stroke ~2 years ago with residual L UE weakness and mild cognitive changes. Lives with her husband in a 2 story older home

Client factors: Weakness in left hand, fine motor deficits, difficulty with memory
Environmental factors: Older 2 story home, dim lighting, cluttered space
Social factors: Supportive spouse and family

Referring to Occupational Therapy

- Outpatient Services
  - Private, hospital affiliate
- Home Health
  - Part A, Part B
- Primary Care

Thank you!