

NOVEMBER 2023 - ISSUE 1

GLYCEMIC ROOTS

KEEPING DIABETES EDUCATORS CONNECTED

Waterloo Wellington Diabetes Newsletter

Welcome to Our Newsletter

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Hello Diabetes Educators in the Waterloo Wellington
Region!

I want to welcome you to the first edition of Glycemic Roots, a quarterly newsletter created to help us stay connected and share information. My hope is that this newsletter will create an avenue to share updates from across the region and within the ever-changing world of diabetes care.

My role at Waterloo Wellington Diabetes is to help support the great work you do every day caring for patients and families living with diabetes. If you feel you or a colleague could benefit from mentoring support to expand your clinical skills, access resources, or contribute to this newsletter, please contact me at:
trinaf@langs.org OR 519-947-1000 ext. 262



Looking forward to learning together.
Happy National Diabetes Month!
Trina

WaterlooWellington
D I A B E T E S



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Mounjaro is Approved in Canada

Mounjaro (Tirzepatide) is a new class of medication in the treatment of type 2 diabetes

Mounjaro is a GIP/GLP-1 receptor agonist, a single molecule that binds to both the GIP and GLP-1 receptors. You may hear it being referred to as a “twincretin”. This once weekly injection, which is approved to be used as monotherapy when Metformin is contraindicated, or in combination with Metformin, Metformin & sulfonylureas, Metformin and SGLT2 or basal insulin with or without Metformin.

It comes in three doses: 5 mg, 10 mg and 15 mg. It will launch in a single dose vial initially until the multi-dose pen is available. Subcutaneous syringes will be needed to inject Mounjaro (0.5 ml syringe with a 6 mm needle).

The recommendation for initiation:

- start with 2.5 mg for 4 weeks
- titrate to 5 mg for 4 weeks
- further titrate by 2.5 mg every 4 weeks if clinically indicated, to a maximum dose of 15 mg

There will be no access to samples at the launch, as the priority is to keep pharmacies supplied. The retail price is not available at this time.

There will be a patient support program as well as HCP online and live CME events before the end of 2023.

If you would like more information on Mounjaro or upcoming CME events, please contact your Lilly representative.



The SURPASS-2 Trial was a study comparing Mounjaro to Ozempic in participants with type 2 diabetes. The primary objective of the study was to demonstrate non-inferiority of Mounjaro 10 mg and 15 mg to 1 mg of Ozempic for a mean change in A1c at 40 weeks. Outcomes demonstrated that all 3 doses of Mounjaro were noninferior and superior to Ozempic for mean reduction in A1c and weight loss. Adverse side effects were similar to other GLP1 agents.

You can access the [SURPASS-2](#) trial article [here](#)

Steroid Induced Hyperglycemia Resources

Waterloo Wellington Diabetes has recently created a new evidence-based resource in consultation with local experts.

We are excited to share:

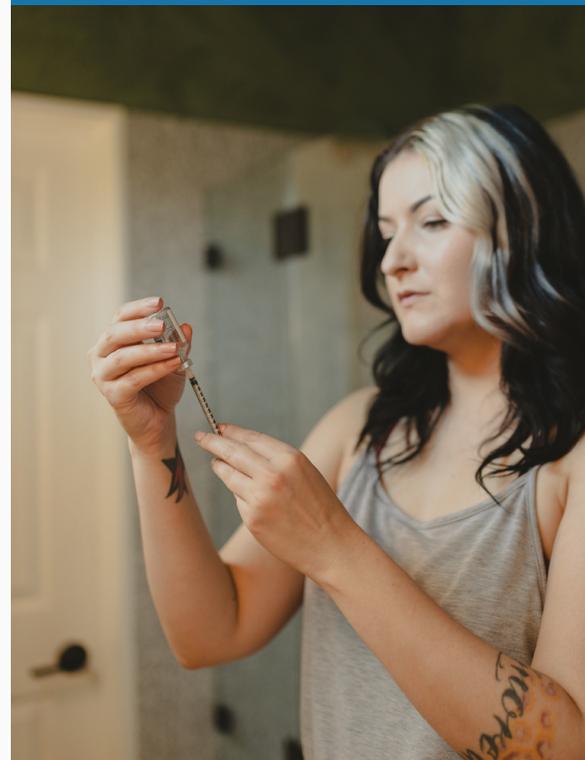
[Steroid Induced
Hyperglycemia Resource](#)



Please share with any colleagues you feel might benefit.

Check out our [website](#) for more great diabetes resources!

waterloowellingtondiabetes.ca





Want to learn how the Self-Management Program can benefit your patients & program? Contact Danielle at danielleh@langs.org or call 519-496-7231

Diabetes Tech - What's new?

Libre Sensors

As many educators may already know, the Libre 2 app was upgraded to real-time glucose readings for Android and Apple phone users.

Some of the features of the upgrade include: real-time glucose readings are updated automatically each minute and patients can scan if their Bluetooth is interrupted. Scanning after Bluetooth connection is restored will back fill glucose values during the disruption. LibreLinkUp can be used to share glucose readings with family members.

The Libre 3 sensor has been approved for use in Canada but no launch date is known currently. Ontario Drug Benefits (ODB) continues to cover Libre 2 only.



Dexcom 7

Dexcom 7 is now available in Canada. Dexcom 7 is more accurate, 60% smaller and easier to use, 8.2% MARD in adults, 8.1% MARD in pediatrics (back of upper arm).

Users can wear in upper arm, abdomen or upper buttocks. It is approved to be used in type 1, type 2, pregnancy and children 2 years and older and in health care facilities.

Some of the innovative new features include: easier insertion using one-push applicator with all-in-one sensor, faster warm up time of 30 minutes, convenient sensor changes with 12-hour grace period and waterproof up to 24 hours at 2.4 meters. Optional over-patch included with each sensor to help with adhesion. There is a new G7 app that needs to be downloaded for use with this system. G7 receivers are not available yet, expected in the new year.

Contact your Dexcom representative for samples.

Upcoming Events

1. The Empathy Effect- countering bias to improve health outcomes

Nov 27, 2023 8:30-1 pm

or

Feb 29, 2024 8:30-1 pm

Register at

www.selfmanagement.ca

2. Mental Health First Aid

Jan 18 & 19, 2024

9-12:30 pm

Register at

www.selfmanagement.ca

3. Cultivating Wellness for the Healthcare Professional

Save the date: March 6, 2024

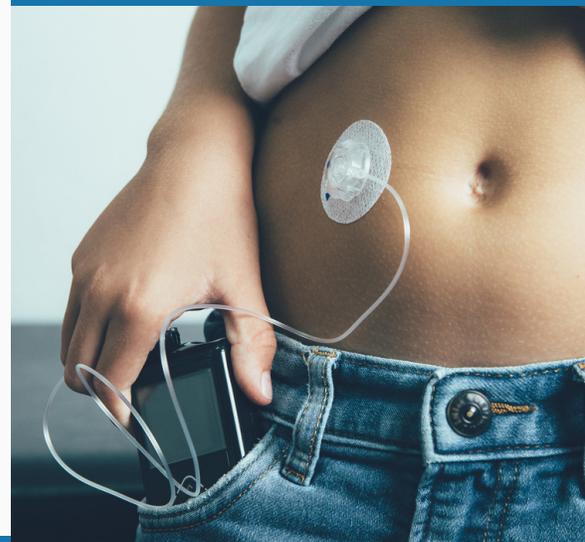
www.selfmanagement.ca

4. Shortages of Diabetes and Obesity Medications: Causes, Consequences, and How to Cope in Patient Care

Nov 24, 2023 12:30pm (virtual)

5. Diabetes Update 2024

Toronto - April 11-13, 2024



Diabetes Canada/Vascular 2023 Conference

Clinical Practice Guidelines Update:

1. click here: [Hypoglycemia \(New 2023\)](#).
2. click here: [Mental Health \(New 2023\)](#).
3. click here: [Remission of T2DM \(New 2022\)](#).
4. **Type 1 Diabetes across the Lifespan (new, not released yet)**
 - will replace chapters 12 & 34 and will have a user guide added
5. **NAFLD & Diabetes (new, not released yet)**
 - T2DM & metabolic syndrome high risk for NAFLD (approx. 70% will develop - need to screen)
 - NAFLD has been renamed to MASLD (metabolic dysfunction associated steatotic liver disease) as a more accurate reflection of the disease and risk for CVD
 - screen with FIB4 equation, recommended to refer to gastroenterologist/hepatologist if score >2.67
6. **Organization of Care (updated, not released yet)**
 - focus on equitable access, optimization of scope of practice
7. click here: [Do-it-yourself AID Position Statement \(new 2023\)](#).

Additional Updates:

Pharmacologic Glycemic Management in Type 2 in Adults

- patient titration of basal insulin is as effective as clinician
- SGLT2 - more evidence to preserve ejection fraction in heart failure patients and decrease progression of CKD
- Updated renal dosing chart

Gestational Diabetes

- Do not use Metformin if Mom is at risk of SGA baby, otherwise safe to use
- Hold GLP1 8 weeks prior to conception
- Dexcom 7 approved in pregnancy and Basalgar, Levemir, NPH and Tresiba safe to use

CVD risk

- Lipoprotein (a) - genetically determined, highly atherogenic pro-inflammatory, pro-thrombotic. Should be tested once in a lifetime to determine those at very high risk of CVD

Diabetes Update 2023

Key takeaways:

- Intergenerational impacts of T2DM in indigenous communities - breastfeeding shows most promise in T2DM prevention
- CKD heat map recommended to be used in primary care to identify CKD early
- EGFR < 45 = screen for PAD
- Worsening A1c in older adults with T2DM consider cognitive testing
- Sanofi Solosmart caps for insulin pens: records dose, date/time & transmits info to app to help track doses given - coming soon

Evidence-Based Management of the DM Epidemic

Key takeaways:

- Continue to think ABCDESS with each T2DM patient
- Bundle medications if possible to minimize burden of care
- ADA & EASD circle of care approach to T2DM Management
- ADA & EASD Importance of 24 hour physical behaviours for T2DM

[Read more about these concepts here](#)



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