Submitted Case Presentation **70 y/o F with T2D + CKD + Depression What should be done next about kidney function? Is rise in A1c due to staying in bed all day and/or should other etiologies be explored?**

70 year-old Afro-Hispanic female with type 2 diabetes (T2D) complicated by CKD, obesity, depression and elevated liver function. She has lost 2 adult children and currently relies on her living daughter to care for her. Although physically able, she stays in bed all day until her daughter returns home. Behavioral health consultation pending and currently on anti-depressant but CBT and counseling challenging due to language barrier. LFTs also increased (ALT61, AST 51, GGT 297) and considering GI referral. Most recent A1c (8.7%) increased from 6 months prior (7.9%) and most recent random fasting glucose (168) increased from previous (136).

Kidney disease/Cardiometabolic disease:

- **CKD:** recent eGFR 43mL/min/1.73m^2; 24hr UCr clearance 10 mL/min (Ucr 35, Ur 24rc r 177, Cr 1.27)
- **ASCVD:** Yes (22.5%) **Heart Failure**: No
- **Hypertension:** Yes **Hypercholesterolemia:** Yes
- **Recent BP:** 130/74 mmHg **BMI:** 34 **Weight** 79 kg **Recent lipid panel:** TC:158, LDL 72, HDL 66, TG 116
- **Diabetes:** Diagnosed with T2D ~15 years ago with last A1c 8.7% and currently on SGLT2i, DPP4i and metformin therapy. CGM recently prescribed but not using yet. Previously on insulin – bad experience - but open to retrying.

Current Medication Management:

- Lisinopril-HCTZ (Prinzide®) 20mg-25mg
- Metoprolol tartrate (Lopressor®) 100mg BID
- Atorvastatin (Lipitor®) 20mg
- Duloxetine HCl (Cymbalta®) 60mg DR
- ASA 81mg
- Vit C 1000mg
- Omeprazole 40mg

Glucose-lowering agent(s):

- SGLT2i: Empagliflozin (Jardiance®) 25mg daily
- DPP4i: Sitagliptin (Junuvia®) 100mg daily
- Metformin 1000mg BID

Social support and concerns:

- **Last PQH-9:** 8 (Higher when preformed by Spanish-speaking pharmacist vs. by daughter translating) **Last PHQ-2:** 2
- **Last Diabetes Distress Scale:** Not reported
- **Barriers:** Language. CBT challenging due to translation services.
- **Support:** Lives with daughter + grandchildren. Relies on daughter for translation and care. Interested in home health aid but unsure if qualifies

Questions to the ECHO Diabetes Community: Are there any additional labs to order from nephrology perspective? How urgent is hepatology evaluation/referral? A1c rising – should thyroid be evaluated for staying in bed all day or other non dietary/lifestyle changes be looked into? How to approach depression and behavioral health while awaiting referral?

Addressing Disparities in Diabetes with Project ECHO: A Focus on Chronic Kidney Disease
An Initiative Addressing Complex Diabetes Management in the Primary Care Setting

Session 4: April 20, 2022
Case Recommendations and Considerations

CATEGORY	RECOMMENDATIONS	REFERENCES/RESOURCE LINKS
Behavioral Health	• Patient has experienced a lot of grief and could benefit from having someone to help her process that. Recommend psychology today for finding a therapist. May be online resources in her area, including Spanish-speaking resources. • Suggest researching virtual behavioral health resources. • Are there other options that can be added to the duloxetine (Cymbalta) for anti-depressant properties? Or consider switching to another SNRI because of increased weight gain risk with duloxetine.	Psychology Today (Online Search for Therapists): https://www.psychologytoday.com/us/therapists Behavioral Diabetes Institute- Introduction to Motivational Interviewing: Simple Strategies for Promoting Positive Behavior Change in Diabetes Association of Diabetes Care & Education Specialist- Diabetes Language Guide: What You Say Matters dStigmatize https://www.dstigmatize.org/ DiaTribe: How and Where to Find In-Person Support Groups and Social Activities for Young Adults with Diabetes ADA: Psychosocial Care for People With Diabetes: A Position Statement of the American Diabetes Association
Social Determinants of Health (SDOH)	• This patient could benefit from home health services (PT, OT, home health aide) to help her with self-care	NJ Benefit guide for community/home care- https://www.state.nj.us/humanservices/doas/documents/ltc_guide_6.pdf
Glucose Monitoring, Set A1C + Glycemic Goals	• HbA1C target of 8% is appropriate for this patient and time-in-range targets can also be a little relaxed, looking for around 50% in this age category. Generally speaking, we are looking for less than 50% of CGM readings over 180 mg/dL, and less than 10% over 250 mg/dL	DiaTribe: Limitations of A1C: How Does A1C Vary by Race and Ethnicity? DiaTribe: Limitations of A1c in Chronic Kidney Disease

	• HbA1C reading might also not be accurate in the setting of CKD (ie, falsely low) and should adjust medication management for glycemic targets based on CGM vs. A1c • If personal CGM is a barrier, professional CGM, unlike 24/7 CGM, is something many clinicians have found more accessible, even for people with pre-Diabetes.	Glucose Monitoring AAFP Resource for implementing CGM in primary care: https://www.aafp.org/news/practice-professional-issues/20210422cgm-tips.html DiaTribe: Your Guide to the 2022 Changes to the ADA Standards of Care: https://diatribe.org/your-guide-2022-changes-ada-standards-care
Medication Therapy & Adjustments	• Recommend a GLP-1 receptor agonist rather than the DPP-4 due to CVD risk • It's important to make sure that the patient understands that the medications are renal and cardiovascular protective • PPI in general is worth considering discontinuing or dose reduce, but the first question should be the indication for use. Strong indications favor continuation, whereas indiscriminate use favors discontinuation for a statistically small but significant benefit that is also a deprescribing benefit	ADA Standards of Medical Care in Diabetes—2022 Abridged for Primary Care Providers DiaTribe: Your Guide to the 2022 Changes to the ADA Standards of Care Secondary Analysis of the CREDENCE Trial Decision algorithm for prescribing SGLT2i and GLP-1 RAs: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7646234/
CKD Management Considerations	• Kidney function seems to be OK for her age • A 24-hour urine is not needed to clarify kidney function given that eGFR has been relatively stable. • Recommend decreasing the vitamin D supplementation, at minimum get to 500 mg/d because of the risk of kidney stones at this level of CKD	KDIGO Diabetes CKD Guidelines (2020) https://cjasn.asnjournals.org/content/16/4/631.long NKF Kidney Screening Recognition Resource: https://www.kidney.org/kidneydisease/siemens_hcp_quickreference GFR calculator https://www.kidney.org/professionals/KDOQI/gfr_calculator NKF Patient & Family Resources (Includes links to prescriptions and affordable healthcare)

		Kidney Failure Risk Equation https://kidneyfailurerisk.com/ FDA on metformin and eGFR https://www.fda.gov/media/96771/download
Risk Reduction	• Recommend a liver ultrasound and/or abdominal MRI to rule out obstructive liver disease. Also recommend screening for infectious hepatitis. • Recommend a careful evaluation for heart failure. • Suggest a thyroid evaluation to explore reasons for low-energy • Encourage more ambulation in the patient's lifestyle; consider silver sneakers • Recommend a sleep assessment	ADCES- Tips for Being Active (English, Spanish, Chinese, French, Tagalag) Sample Diabetes Exercise Prescription (Canada Diabetes Association)
Diabetes Self-Management Education & Support (DSMES)/Follow Up	• Share diabetes web-based resources in Spanish and family support programs (diabetes sisters)	Diabetes Sisters https://diabetessisters.org/event/diabetessisters-bridgewater-nj-2; offer virtual meetups Diabetes resources website for PWD (People with Diabetes) in Spanish. https://es.beyondtype2.org/ CDC Research Brief: Screening for Depression and Diabetes Distress in Adults with Type 2 Diabetes Diabetes Distress Resource Center For Providers https://diabetesdistress.org/for-providers

PLEASE NOTE that case consultations and submissions for ECHO Diabetes do not create or otherwise establish a provider-patient relationship between ECHO Diabetes Action Network, Med-IQ and/or any other clinician on the Addressing Disparities in Diabetes with Project ECHO faculty.