

Contemporary Type 2 Diabetes Management - What's New?

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Type 2 Diabetes Mellitus (T2DM) is a serious and common chronic condition, affecting approximately 425 million people worldwide between 20 to 79 years old.¹ It is also a rapidly growing health epidemic, with the number of people with diabetes projected to increase from 463 million in 2019 to 700 million in 2045.^{1,2} The management of T2DM is complex and multi-faceted, as it is associated with various complications and imposes a significant psychological and emotional burden on the individual.³ Successful diabetes care requires a systematic approach to clinical management, including supporting patients' behaviour change efforts, including healthy lifestyle choices, self-management and identification of self-management problems.⁴ In addition, family physicians need to be aware of the contemporary management options for T2DM. This update is timely to provide an update on the latest evidence-based treatment options in diabetes management. The College is pleased to partner with Astrazenaca to conduct this Family Practice Skills Course for our doctors.

In Unit 1, Dr Lim Choon Pin will speak on the assessment of the T2DM patient at risk of cardio-renal complications T2DM increase cardiovascular mortality as well as the development of end-stage renal disease, and Dr Lim will be discussing the mechanisms behind the development of these complications. The article will also include the evaluation to aid in the early detection and identify high-risk patients who may benefit from treatment with new glucose-lowering therapies.

In Unit 2, Dr Khoo Chin Meng will speak about SGLT2-inhibitor (SGLT2-I) and its place in contemporary diabetes management. The recent published cardiovascular outcomes trials (EMPA-Reg, Canvas, and DECLARE-TIMI 58), and DAPA-HF and CREDENCE studies had demonstrated the benefits of SGLT2i in improving the outcomes of diabetic patients with cardiovascular disease (CVD), heart failure and diabetic nephropathy. In fact, the cardiorenal benefits are seen beyond the glycaemic control. Dr Khoo will discuss more on the treatment algorithm that recommends early use of SGLT2-I, especially among those with existing CVD, heart failure or kidney disease. Family doctors should also take note of the potential side effects.

In Unit 3, Dr Titus Lau will discuss on how to prevent cardiovascular and renal complications in diabetes. Metabolic control together with mitigating other known risk factors for the cardiovascular and renal disease has been the basis of improving the outcomes of all patients with diabetes. Ongoing scientific discoveries, such as the addition of new classes of therapeutics will reconstruct the management pathway for each individualised patient action plan. Dr Lau will highlight various strategies in the primary prevention of CVD and CKD to target modifiable risk factors, including RAS blockade in a diabetic patient with albuminuria, and the recent evidence for SGLT2-I.

In this issue, A/Prof Goh Lee Gan has also selected ten current readings on topics related to contemporary T2DM. These readings include articles on the cost-effectiveness, efficacy and safety of SGLT2-I in T2DM, the role of sulphonylureas today, cardio-renal-metabolic conditions in adult T2DM, and the management of diabetes during air travel.

In this issue, we also have one original article and one PRISM articles and one case reports. The first original article is by Dr Elisa Tan who reviews current guidelines and recommendations for gastrostomy tube feeding and management in the community, such as tube change and complications, and selection of feeds. The article also discussed the indications and contraindications for gastrostomy insertion and the types of gastrostomy tubes available. The PRISM article is by Dr Rose Fok Wai Yee, Dr Farhad Vasanwala and Dr Luke Low, who described a case study of a patient with stable chronic schizophrenia. The patient was managed well in the community through improved access to community mental healthcare services. The case study highlighted the utilisation of the Mental Health-GP Partnership Programme and Community Mental Health Team to facilitate a smooth transition and maintenance of mental well-being in the community. The authors also discussed resources like the Aged Psychiatry Community Assessment and Treatment Service, Assessment and Shared Care Teams, Community Intervention Teams, as well as future directions to strengthen care in the community.

We hope you will enjoy this issue of Contemporary Management in Type 2 Diabetes Management. Please stay safe and take care, and we look forward to being able to conduct Face to Face Family Practice Skills Courses sooner than later.

REFERENCES

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