



CARDI•OH

Ohio Cardiovascular and Diabetes Health Collaborative



In partnership with:



Cardi-OH ECHO

Your Patient with Diabetes at Risk for Heart Disease: A Series of Case Discussions

December 16, 2021

Cardi-OH ECHO Team and Presenters



FACILITATOR

Goutham Rao, MD

Case Western Reserve University

LEAD DISCUSSANTS

Chris Taylor, PhD, RD, LD

The Ohio State University

Jim Werner, PhD

Case Western Reserve University

DIDACTIC PRESENTER

Kathleen Dungan, MD, MPH

The Ohio State University

Goutham Rao, MD

Case Western Reserve University

CASE PRESENTERS

Grace Lafleur, PharmD

UT General Internal Medicine

Mohammad Shalabe, MD,
PA-C

UT Comprehensive Clinics

Disclosure Statements



- The following planners, speakers, and/or content experts of the CME activity have financial relationships with commercial interests to disclose:
 - Marilee Clemons reports receiving consulting fees from Novo Nordisk.
 - Kathleen Dungan, MD, MPH reports receiving consulting fees from Eli Lilly, Novo Nordisk and Boehringer, research support from Sanofi, , Viacyte, and Abbott and presentation honoraria from UpToDate, Elsevier, ACHL, and CMHC.
 - Adam T. Perzynski, PhD reports being co-owner of Global Health Metrics LLC, a Cleveland-based software company and royalty agreements for book authorship with Springer Nature publishing and Taylor Francis publishing.
 - Christopher A. Taylor, PhD, RDN, LD, FAND reports grant funding for his role as a researcher and presenter for Abbott Nutrition and grant funding for research studies with both the National Cattleman's Beef Association and the American Dairy Association Mideast.
 - Jackson T. Wright, Jr., MD, PhD reports receiving fees for serving as an advisor to Medtronic.
 - These financial relationships are outside the presented work.
- All other planners, speakers, and/or content experts of the CME activity have no financial relationships with commercial interests to disclose.

Person-Centered Language Recommendations



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The ADA and the APA recommend language that emphasizes inclusivity and respect:

- **Gender**: Gender is a social construct and social identity; use term “gender” when referring to people as a social group. Sex refers to biological sex assignment; use term “sex” when referring to the biological distinction.
- **Race**: Race is a social construct that is broadly used to categorize people based on physical characteristics, behavioral patterns, and geographic location. Race is not a proxy for biology or genetics. Examining health access, quality, and outcome data by race and ethnicity allows the healthcare system to assist in addressing the factors contributing to inequity and ensure that the health system serves the needs of all individuals.
- **Sexual Orientation**: Use the term “sexual orientation” rather than “sexual preference” or “sexual identity.” People choose partners regardless of their sexual orientation; however, sexual orientation is not a choice.
- **Disability**: The nature of a disability should be indicated when it is relevant. Disability language should maintain the integrity of the individual. Language should convey the expressed preference of the person with the disability.
- **Socioeconomic Status**: When reporting SES, provide detailed information about a person’s income, education, and occupation/employment. Avoid using pejorative and generalizing terms, such as “the homeless” or “inner-city.”

Wrap-up Session



Kathleen Dungan, MD, MPH

Professor, Associate Director Clinical Services

Division of Endocrinology, Diabetes & Metabolism

The Ohio State University

Goutham Rao, MD, FAHA

Chief Clinician Experience and Well-Being Officer, University Hospitals Health System

Jack H. Medalie Endowed Professor and Chairman

Department of Family Medicine and Community Health

Division Chief, Family Medicine, Rainbow Babies and Children's Hospital

Case Western Reserve University School of Medicine & University Hospitals Cleveland Medical Center

Objectives

- 1) Review classification of DM, including new T1D ADA guideline.
- 2) Review consensus statement on latent autoimmune diabetes in adults (LADA).
- 3) Discuss diabetes management from primary care/implementation science perspective.

Classification of DM

	T1D	“LADA”	T2D	MODY
Age	Tend to be young	>age 25	Tend to be adult	<age 25
Family history	Occasional	Occasional	Usually	Yes
C-peptide	Low, often undetectable	Varies	Normal or high	normal
Auto-ab	+	+	-	-
Weight	Tend to be lean	Tend to be lean	Usually overweight	Tend to be lean
Metabolic syndrome	No	Varies	Usually	No
Insulin requirement	Yes	Varies, rapid progression	Varies	Varies

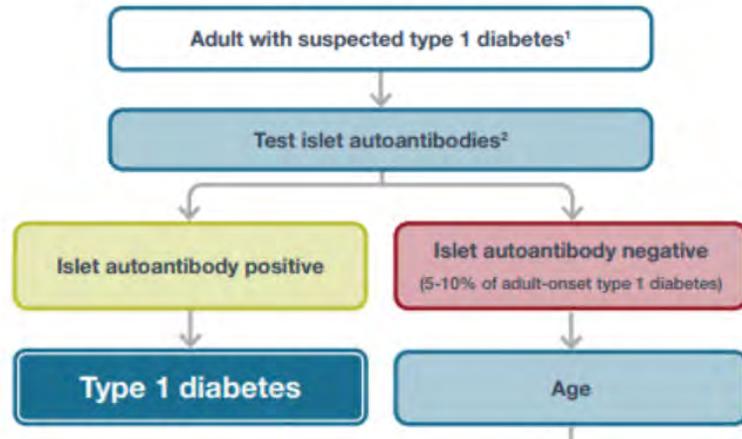
- **40% of persons with T1D presenting after age 30 are initially treated as T2D**
- LADA=Latent Autoimmune Diabetes in the Adult
 - 2-12% of adult onset diabetes
 - slowly evolving immune-mediated diabetes
 - controversy over classification
 - More complications³

Anderson MK. Curr Diab Rep. 2020 Jul 28;20(9):43.

ADA. Diabetes Care. 2021 Jan;44(Suppl 1):S15-S33.

³Maddaloni et al. Lancet Diabetes Endocrinol. 2020 Mar;8(3):206-215

ADA/EASD Consensus Statement on Type 1 Diabetes



1) Discriminators (based on data from White European populations)

Strong	Weak
Age <35	Ketosis without acidosis
BMI <25 kg/m ²	Osmotic symptoms
Unintentional weight loss	Family history
Ketoacidosis	Other autoimmune d/o
BG >360 mg/dl at Dx	

2) GAD ab followed by islet tyrosine phosphatase 2 (IA2) and/or zinc transporter 8 (ZNT8)

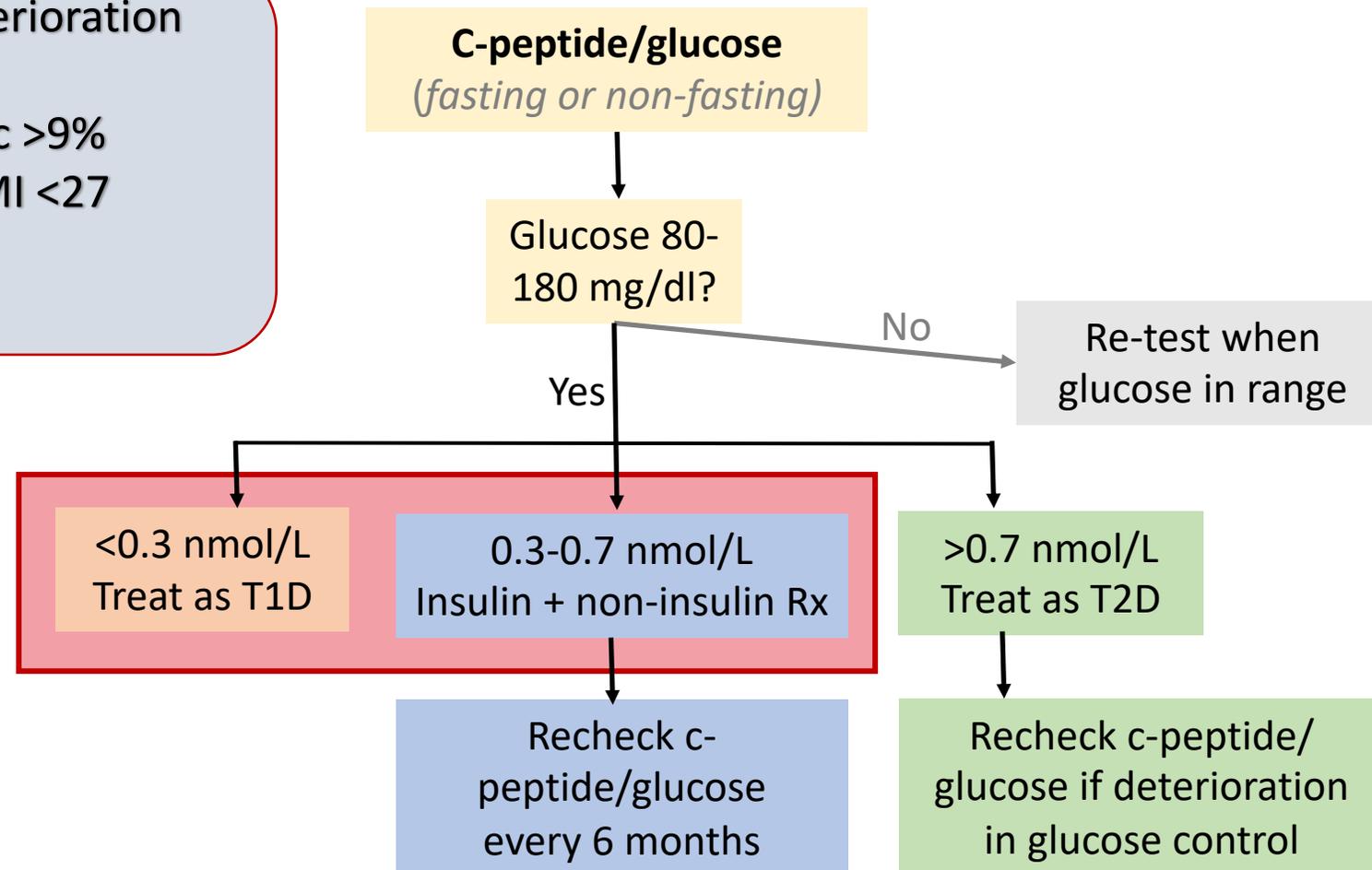
4) 200 pmol = 0.2 nmol

LADA: International expert panel approach



- Risk of future deterioration /DKA
- Basal insulin if A1c >9%
- Avoid SGLT2i if BMI <27 kg/m²
- Avoid SFU

LADA Algorithm





Thank you!

Questions/Discussion