GP NURSE PHARMACIST

Multidisciplinary management of type 2 diabetes

Making the most of your appointment with a person with type 2 diabetes

Patients and healthcare professionals (HCPs) often have different priorities and concerns.

Patient interests in the management of type 2 diabetes (T2D) often include weight gain concerns and the impact of their diabetes on everyday life, which may contribute to reduced adherence. HCPs may focus on attaining glycaemic control and optimising drug selection for immediate and future scenarios for the patient.

Adherence to T2D therapy varies

Prevalence of adherence to T2D medication:

38.5–93.1%

for oral glucose-lowering agents alone[1]

and

39.0–92.3%

for oral glucose lowering agents and insulin in combination[1]

Potential reasons for poor outcomes

Intrinsic factors:

- Psychological barriers[2]
- Cognitive function[3]
- Lack of patient engagement[4]

Extrinsic factors:

- Ability to perform self-care tasks[5]
- Literacy, learning and patient support[2]
- Cultural practices[6]
- Polypharmacy[2]

Helping a person with T2D adopt change

A person may be more likely to modify behaviour (e.g. exercise, diet, drug adherence) after hearing themselves talk about and debate the pros and cons of change[7]

The cycle of change can help adapt patients' behaviour in T2D[8]

By recognising which step of the model the person is at, HCPs can tailor their encouragement to focus on moving towards initiating and maintaining positive changes[8]

Contemplation
Individual is considering change

Decision
Individual decides on change

Active change
Individual decides on behaviour

Maintenance
Individual maintains new behaviour

Relapse
Individual returns to pre-change behaviour

Pre-contemplation
Individual not considering change

Change adopted

Patient–HCP interaction is key to individualising care in T2D[9]

Patient
Lifestyle changes, treatment adherence

HCP
Patient characteristics should drive drug choice

Joint decisions
Glycaemic targets, drug options

Optimising your consultation with a person with T2D

- The average patient will spend less than 2 to 3 hours per year with a HCP[10]; it is essential to use this time wisely as, outside of the consultation, the patient is expected to make daily lifestyle decisions that may impact their health
- It is important to optimise glucose control in order to slow the progression of T2D, e.g. what is the likelihood of the person developing cardiovascular disease or their renal function declining?[11]
- In patients suited to DPP-4 inhibitor therapy, linagliptin requires no dose titration, either in routine treatment or in instances of renal decline[12]

Appointment agenda to focus and empower patients[13]

- Make a list of concerns
- Avoid premature diving into diagnostic questions
- Prioritise what is most important for the patient
- Individualise education
- Make change manageable
- Seek confirmation and commitment from the patient
- Acknowledge and applaud success
- Orient the patient

References

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Abbreviations

DPP-4, dipeptidyl peptidase-4

OmniaMed SB — THE SPECIALISTS IN DIABETES EDUCATION

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Prescribing Information (UK)

TRAJENTA® Film-coated tablets containing 5 mg linagliptin

Indication: Trajenta is indicated in adults with type 2 diabetes mellitus as an adjunct to diet and exercise to improve glycaemic control as: monotherapy when metformin is inappropriate due to intolerance, or contraindicated due to renal impairment; combination therapy in combination with other medicinal products for the treatment of diabetes, including insulin, when these do not provide adequate glycaemic control. **Dose and Administration:** 5 mg once daily. If added to metformin, the dose of metformin should be maintained and linagliptin administered concomitantly. When used in combination with a sulphonylurea or with insulin, a lower dose of the sulphonylurea or insulin, may be considered to reduce the risk of hypoglycaemia. Renal impairment: no dose adjustment required. Hepatic impairment: pharmacokinetic studies suggest that no dose adjustment is required for patients with hepatic impairment but clinical experience in such patients is lacking. Elderly: no dose adjustment is necessary based on age however, clinical experience in patients > 80 years of age is limited and caution should be exercised when treating this population. Paediatric population: the safety and efficacy of linagliptin in children and adolescents has not yet been established. No data are available. Take the tablets with or without a meal at any time of the day. If a dose is missed, it should be taken as soon as possible but a double dose should not be taken on the same day. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and Precautions:** Linagliptin should not be used in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis. Caution is advised when linagliptin is used in combination with a sulphonylurea and/or insulin; a dose reduction of the sulphonylurea or insulin may be considered. Acute pancreatitis: In post-marketing experience of linagliptin there have been spontaneously reported adverse reactions of acute pancreatitis. Patients should be informed of the characteristic symptoms of acute pancreatitis. If pancreatitis is suspected, Trajenta should be discontinued; if acute pancreatitis is confirmed, Trajenta should not be restarted. Caution should be exercised in patients with a history of pancreatitis. Bullous pemphigoid: If bullous pemphigoid is suspected, Trajenta should be discontinued. **Interactions:** Linagliptin is a weak competitive and a weak to moderate mechanism-based inhibitor of CYP isozyme CYP3A4, but does not inhibit other CYP isozymes. It is not an inducer of CYP isozymes. Linagliptin is a P-glycoprotein substrate and inhibits P-glycoprotein mediated transport of digoxin with low potency. Based on these results and in vivo interaction studies, linagliptin is considered unlikely to cause interactions with other P-gp substrates. The risk for clinically meaningful interactions by other medicinal products on linagliptin is low and in clinical studies linagliptin had no clinically relevant effect on the pharmacokinetics of metformin, glibenclamide, simvastatin, warfarin, digoxin or oral contraceptives (please refer to Summary of Product Characteristics for information on clinical data). **Fertility, pregnancy and lactation:** Avoid use during pregnancy. A risk to the breast-fed child cannot be excluded. A decision must be made whether to discontinue breast feeding or to discontinue/abstain from linagliptin therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman. No studies on the effect on human fertility have been conducted for linagliptin. **Undesirable effects:** Adverse reactions reported in patients who received linagliptin 5 mg daily as monotherapy or as add-on therapies (frequencies identified from pooled analysis of placebo-controlled studies) in clinical trial and from post-marketing experience. The adverse reactions are listed by absolute frequency. Frequencies are defined as very common (≥1/10), common (≥1/100 to <1/10), uncommon (≥ 1/1,000 to < 1/100), rare (≥ 1/10,000 to < 1/1,000), very rare (<1/10,000) or not known (cannot be estimated from the available data). Very common: hypoglycaemia (combination with/add-on to metformin and sulphonylurea). Common: lipase increased (monotherapy; combination with/add-on to metformin; combination with/add-on to metformin and sulphonylurea; combination with/add-on to insulin; combination with/add-on to metformin and empagliflozin). Uncommon: nasopharyngitis (monotherapy; combination with/add-on to metformin; combination with/add-on to insulin); hypersensitivity e.g. bronchial hyperreactivity (monotherapy; combination with/add-on to metformin; combination with/add-on to metformin and sulphonylurea; combination with/add-on to insulin); cough (monotherapy; combination with/add-on to metformin; combination with/add-on to insulin); pancreatitis (combination with/add-on to insulin); constipation (combination with/add-on to insulin); rash (monotherapy; combination with/add-on to metformin; combination with/add-on to metformin and sulphonylurea; combination with/add-on to insulin); amylase increased (combination with/add-on to metformin; combination with/add-on to metformin and sulphonylurea; combination with/add-on to metformin and empagliflozin). Rare: angioedema (monotherapy; combination with/add-on to metformin; combination with/add-on to metformin and sulphonylurea; combination with/add-on to insulin); urticaria (monotherapy; combination with/add-on to metformin; combination with/add-on to metformin and sulphonylurea; combination with/add-on to insulin); amylase increased (monotherapy). Not known: nasopharyngitis (combination with/add-on to metformin and sulphonylurea; combination with/add-on to metformin and empagliflozin); hypersensitivity e.g. bronchial hyperreactivity (combination with/add-on to metformin and empagliflozin); cough (combination with/add-on to metformin and sulphonylurea; combination with/add-on to metformin and empagliflozin); pancreatitis (monotherapy; combination with/add-on to metformin; combination with/add-on to metformin and sulphonylurea; combination with/add-on to metformin and empagliflozin); bullous pemphigoid (monotherapy; combination with/add-on to metformin; combination with/add-on to metformin and sulphonylurea; combination with/add-on to insulin); amylase increased (combination with/add-on to insulin). Prescribers should consult the Summary of Product Characteristics for further information on side effects. **Pack sizes and NHS price:** 28 tablets £33.26. **Legal category:** POM. **MA number:** EU/1/11/707/003. **Marketing Authorisation Holder:** Boehringer Ingelheim International GmbH, D-55216 Ingelheim am Rhein, Germany. Prescribers should consult the Summary of Product Characteristics for full prescribing information. **Prepared in** April 2017.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard

Adverse events should also be reported to Boehringer Ingelheim Drug Safety on 0800 328 1627 (freephone).