



Newsletter, Fall 2022

Volume 4, Issue 2

President's Message: Seeking Contributors!

Once again, fall is here. Where has this year gone? For those of us with kids in school, the new year is upon us. Pretty soon the holidays will be here, and then it will be 2023 before we know it.

Why is that important? We are still looking for new board members to serve beginning on January 1, 2023. In order for this group to function and continue to offer high quality programming, we need interested and talented folks to help with the planning process. Our bylaws state that we need between 6 and 10 board members. We have 4 returning members, including myself, who will remain for another term as president, Dr. Jagdeesh Ullal, who will serve as secretary/treasurer, Dr. Lauren Willard, and Chelsea Hudak. Dr. Michelle Roberts, Dr. Jennifer Pennock, Jackie Wesche-Thobaben, Lori Bednarz, and Marilyn Clougherty will have completed their terms, and for their years of service to the board, we thank them immensely. We have identified a few people who are interested, but we could still use a nurse or diabetes educator on the board. If you are interested, or know of someone who might be, please email me at nlubowsky@gmail.com.

Our speaker this fall is Dr. Joseph Alois. As you know, he was supposed to speak at our spring meeting. Unfortunately, he was unable to join us. We welcome him and hope that you will be able to make it for our upcoming event in October. We know he will give us an interesting and timely talk about the use of continuous glucose monitors in the inpatient setting. The major focus of our board meetings is to plan these talks. If you have a topic that you think would be of broad interest, or you know of a speaker that we should consider, again, please send me an email.

Finally, you might notice that this newsletter is a little smaller than normal. We are always seeking



Noah Lubowsky, MD

Medication Minute: Mounjaro (tirzepatide)

Chelsea Hudak, PharmD, BCPS

Clinical Pharmacy Specialist

Allegheny Health Network

Mounjaro (tirzepatide) was FDA approved in May 2022 for adults with type 2 diabetes. Mounjaro activates the body's receptors for glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1), which are natural incretin hormones involved in blood glucose control. Mounjaro is the first dual GIP-GLP-1 receptor agonist approved for use alongside diet and exercise to improve blood sugar control.¹

GLP-1 agonists work by stimulating insulin secretion during hyperglycemia, suppressing glucagon secretion, delaying gastric emptying, suppressing appetite, and reducing body weight. This has made GLP-1 agonists an effective treatment option for patients with type 2 diabetes. Unlike GLP-1, GIP secretes glucagon in a glucose dependent manner. During hyperglycemia, GIP stimulates insulin secretion thereby lowering glucagon levels, but during euglycemia or hypoglycemia, glucagon levels are increased. GIP also enhances GLP-1 induced appetite suppression, which is hypothesized to have a greater effect on glucose levels and weight loss.²

The SURPASS clinical trials evaluated three different doses of Mounjaro (5 mg, 10 mg, and 15 mg) as either monotherapy or as an add-on therapy. The efficacy of Mounjaro was compared to placebo (SURPASS-1 and SURPASS-5), semaglutide 1mg (SURPASS-2), insulin degludec (SURPASS-3), and insulin glargine (SURPASS-4). Patients receiving 15mg/week of Mounjaro as monotherapy decreased their hemoglobin A1c (HbA1c) by 1.6% more than the placebo. When used in combination with a long-acting insulin, HbA1c was lowered by 1.4% more than the placebo. HbA1c was also lowered by 0.4% more than semaglutide 1mg, 0.8% more than insulin degludec, and 1.0% more than insulin glargine.¹

Mounjaro is not indicated for weight loss, but the SURPASS clinical trials demonstrated significant weight loss in those who received Mounjaro. Patients who received Mounjaro 15mg/week lost an average of 15 pounds more than the placebo as monotherapy and 23 pounds more than placebo when used in combination with insulin. Patients also lost an average of 12 pounds more than those on semaglutide 1mg, 29 pounds more than insulin

President's message, continued

contributions for articles. It could be a piece about your original research, a new drug (as with our article about Tirzepatide), or a review of someone else's research (perhaps something you heard at a conference). If you have an idea for an article for the newsletter that you are willing to write, please let me know.

We appreciate our members and look forward to bringing you more great programming in 2023, but in the meantime, we hope you will be at the Babb building on October 25.

Tirzepatide, continued

degludec, and 27 pounds more than insulin glargine.¹ A trial published in the *New England Journal of Medicine* evaluated weight loss in obese patients who received Mounjaro versus placebo without a history of type 2 diabetes. Those on Mounjaro 15mg/week experienced a 17.8% greater mean reduction in body weight over placebo at week 72, which could have significant implications for obese patients without type 2 diabetes in need of weight loss therapy.³

Mounjaro has not been studied in patients with a history of pancreatitis and is not indicated for use in patients with type 1 diabetes mellitus. The most common side effects (reported in >5% of patients) include nausea, diarrhea, vomiting, decreased appetite, constipation, indigestion, and abdominal pain. Mounjaro should not be used by patients with a history (personal or family) of medullary thyroid cancer, or patients with Multiple Endocrine Neoplasia syndrome type 2. Mounjaro's side effect profile is comparable to those of GLP-1 agonists currently on the market.¹

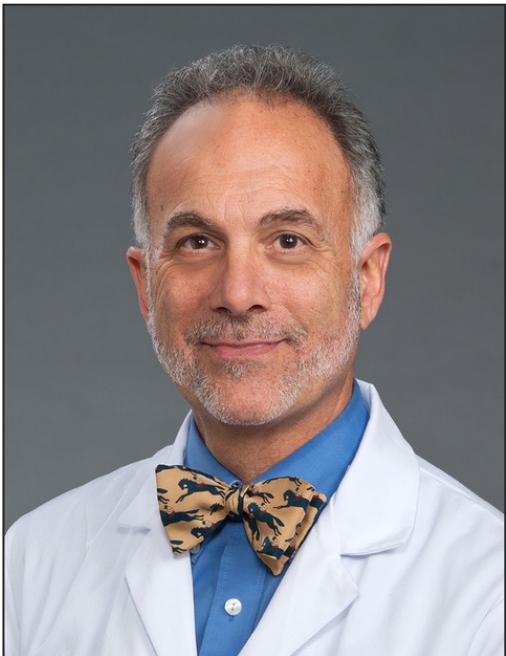
Mounjaro is a once weekly injectable available in a single-dose pen in doses of 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg, and 15mg doses. The initial dose is 2.5 mg once weekly for 4 weeks, then increase to 5 mg once weekly. Of note, the 2.5mg dose is intended to reduce gastrointestinal symptoms only and does not provide effective glycemic control. The dose may be increased in 2.5 mg/week increments every 4 weeks as needed, pending patient tolerability, to achieve glycemic goals up to a maximum of 15 mg/week.

Mounjaro has shown promising results in clinical trials with notable improvements in A1C and weight loss. Before initiating therapy, providers should discuss the benefits and risks of starting therapy with patients, as well as weigh any medication cost

concerns associated with prescribing a new medication that may not be preferred on medication formularies.

References:

1. FDA approves Lilly's Mounjaro™ (Tirzepatide) injection, the first and only GIP and GLP-1 receptor agonist for the treatment of adults with type 2 diabetes. *Cision PR Newswire*. May 13, 2022.
2. Frías JP, Davies MJ, Rosenstock J, et al. Tirzepatide versus semaglutide once weekly in patients with type 2 diabetes. *N Engl J Med*. 2021;385(6):503–515.
3. Jastreboff AM, Aronne LJ, Ahmad NN, et al. Tirzepatide Once Weekly for the Treatment of Obesity. *N Engl J Med*. 2022 Jul 21;387(3):205-216.
4. Mounjaro. Lexi-Drugs. Hudson, OH: Lexicomp, 2022. <http://online.lexi.com/>. Updated May 16, 2022. Accessed August 25th, 2022.

GPDC FEATURED EVENT:**Integrating Diabetes Technology
with Inpatient Care****Tuesday, October 25, 6-8 pm**

Joseph Aloi, MD, is section chief for Endocrinology and Metabolism at Wake Forest Baptist Health in Winston-Salem, North Carolina. He began his career as a research chemist at the National Institutes of Health. He pursued a degree in Medicine at the George Washington School of Medicine before moving to the University of Virginia (UVA) where he completed his residency and fellowship training and was faculty at UVA. His interest is in leveraging technology to help improve healthcare delivery to persons with diabetes. After moving from UVA to take on the role of Chief of Endocrinology at The Strelitz Diabetes Center/Eastern Virginia Medical School (EVMS), he continued to work on clinical research to improve inpatient glucose management and develop pathways to enhance diabetes care delivery remotely. He then moved to Wake Forest,

where he continues to improve the care of persons with diabetes and train the next generation of health care providers. He is very active in all the major Endocrinology and Diabetes professional associations. He is the chair of the Diabetes Technology Subgroup of the American Diabetes Association and is a Diabetes Technology Society member. His most recent work relates to inpatient continuous glucose monitoring, which accelerated during the COVID pandemic. We are excited to have him visit us to discuss inpatient CGM use.

GPDC Board Member Receives National Recognition

Marilyn Clougherty, RN, MSN, CDCES

One of the board members of the Greater Pittsburgh Diabetes Club is the recipient of an Association of Diabetes Care and Education Specialists (ADCES) national award: Lori Bednarz RN, MSN, CDCES has received the “Power of Impact Award” at ADCES in August. The Power of Our Impact Award recognizes a diabetes care and education specialist for their ongoing dedication and service to persons with diabetes and the impact of diabetes self-management and clinical care that diabetes care and education specialists provide. Lori’s nomination came from both Dr. Janet Leung and Dr. Linda Siminerio of UPMC.

Dr. Leung stated: Lori truly embodies the principles of meeting patients where they are and the power of teamwork in optimal diabetes care. I believe that she has had an enormously positive impact on our outpatient practice and patients. I continue to be in awe of Lori’s ability to partner with patients who some may find difficult and fail to help. She consistently follows up and “closes the loop” with patients, often making herself available for ongoing support, so that we are able to make major therapy changes.

Dr. Siminerio stated: Collaborating with Ms. Bednarz throughout her career as a CDCES, has been both a meaningful and reassuring process for me, as I have had the privilege to see the role of the traditional diabetes educator evolve into a recognized and trusted team member. Lori is a DCES capable of providing unique services expected of this role...including behavioral interventions and therapeutic management in an era of rapid-paced technology. She is the perfect example of the future of diabetes care.

We wanted to take a moment to say congratulations to one of our own.



*Lori Bednarz, RN, MSN, CDCES,
receives her award from ADCES
President Jan Kavookjian, PhD, MBA,
FAPhA, FADCES*

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Contact: Nadine Popovich, Administrator
npopovich@acms.org Phone: 412-321-5030
Website: <https://www.pghdiabetesclub.org>