



President's Message ...

As we approach the holiday season, I want to share a message of thanks. This pandemic has lasted longer than we could have imagined. Working in health care is difficult, but it is also extremely meaningful.

Every day, we get to help our fellow citizens stay healthy and safe. It is possible that you rarely hear a word of gratitude from them. If that is the case, let me be the one to say thank you for the hard work you do daily.



Noah Lubowsky, MD

I also want to thank you for continuing to be members of the Greater Pittsburgh Diabetes Club. Your support means so much to the Board. We have continued to try to bring value to our members with our twice yearly meetings and this newsletter. If there are any other ways that we can be of value, please let us know. We are happy to listen to all ideas for making our organization grow and bringing useful content. Please remember to renew your membership this winter; you should receive an invoice email some time before the end of the year.

We have another wonderful talk lined up in November: Dr. Anne Peters from the University of Southern California will be speaking about the use of GLP-1 agonists and SGLT-2 inhibitors in patients with type 1 diabetes. I had the pleasure of listening to her on this topic at the virtual meeting of the Endocrine Society in March, and it was enlightening. For the first time in two years we will be having an in-person, as well as a virtual, option for attending (in-person subject to change due to COVID-19 conditions). Again, thank you for your

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SGLT-2 Inhibitors: A Gift That Keeps Giving

Jagdeesh Ullal, MD

*Clinical Associate Professor of Medicine,
UPMC Center for Diabetes and Endocrinology*

Sodium-glucose cotransporter inhibitors (SGLT2i) are a recent class of oral medications for type 2 diabetes. SGLT2i are drugs that primarily reduce plasma glucose levels by inhibiting glucose and sodium reabsorption in the kidneys, resulting in glucosuria and a 0.6 to 1.2 percentage point improvement in HbA1c. Still, there are other indications for which this class of medications is increasingly used, and the FDA has expanded the use of these medications for different disease states. There are four approved SGLT2i: Invokana (canagliflozin), Farxiga (dapagliflozin), Jardiance (empagliflozin), and Steglatro (ertugliflozin).

One of the first studies that looked at the effects of SGLT2i was the EMPA-REG Outcome trial in 2015. Post hoc analysis of EMPA-REG revealed empagliflozin reduced all-cause admission to hospital in patients with type 2 diabetes and atherosclerotic cardiovascular disease. Subsequently, several trials have demonstrated the true extent of the benefits of SGLT2i on other comorbidities in diabetes.

Heart failure costs the American health system more than \$30 billion a year, and chronic kidney disease costs the Medicare program more than \$84 billion annually. Diabetes is an independent risk factor for heart failure. Both DAPA-HF (assessing dapagliflozin) and EMPEROR-Reduced (assessing empagliflozin) trials showed that SGLT2i reduced hospitalization for heart failure in patients with heart failure with reduced ejection fraction (HFrEF) with or without diabetes.

CANVAS study trials with canagliflozin were first to reveal the benefit of delaying the progression of end-stage kidney disease. The DAPA-CKD trial allowed the approval for dapagliflozin to reduce the risk of sustained eGFR decline, end-stage kidney disease, cardiovascular death, and hospitalization for heart failure in adults with chronic kidney disease at risk of progression. It is now approved to reduce the risk of end-stage kidney disease and doubling serum

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President's message, continued

participation in the event, and thank you to Dr. Peters for agreeing to speak, and to the Babb Corporation for the use of their building for our event. If you have suggestions for future speakers, please let us know. We are always looking for dynamic lectures to bring to our members.

Although things are still scary, we also can find much for which to be thankful. I hope you take time to remember those during these stressful times. I will look forward to seeing you on November 10.

~ Noah Lubowsky, MD

GPDC FEATURED EVENT:

**When to Use SGLT-2 Inhibitors
and GLP-1 RAs in the
Management of Type 1 Diabetes**

Wednesday, November 10, 6-8 pm



Dr. Anne Peters' research has focused on testing new approaches for diagnosing and treating diabetes and developing systems of care to improve outcomes in diabetic populations. She has published more than 200 articles, reviews, and abstracts as well as three books on diabetes. Dr. Peters has been an investigator on more than 40 research studies. She is currently the chair of The Endocrine Society Committee on Diabetes Devices and on the EASD/ADA Technology Safety committee.

**Register at www.pghdiabetesclub.org
by Saturday, October 30**

SGLT-2 Inhibitors, continued

creatinine in people with diabetic nephropathy with albuminuria.

The ability to reduce body weight is consistently observed across various SGLT2 inhibitors trials, but this weight loss is moderate due to counter-regulatory mechanisms striving to maintain body weight. There is no indication for weight loss at the current time, but there is an emerging role for SGLT2i in weight management.

SGLT-2 inhibitors have not yet been approved as an adjunct therapy to insulin in people with Type 1 Diabetes Mellitus. Still, the rationale for their use in people with type 1 diabetes is similar to that in type 2, namely cardiovascular and renal protection, improved glycemic control, weight loss, and decreasing insulin needs. The risk of euglycemic DKA and serious genital infections remain valid reasons to consider before using these drugs in people with type 1 diabetes.

Empagliflozin, dapagliflozin, and canagliflozin have been studied for their effect on nonalcoholic fatty liver disease. SGLT2i are shown to decrease alanine aminotransferase and improve steatosis and fibrosis, reduce hemoglobin A1c, body weight, and reduce inflammation and subcutaneous and visceral fat.

Sotagliflozin is an SGLT-1 and SGLT-2 dual inhibitor that is being studied for the treatment of type 1 diabetes and type 2 diabetes. In patients with type 2 diabetes and chronic kidney disease, with or without albuminuria, sotagliflozin resulted in a lower risk of the composite of deaths from cardiovascular causes, hospitalizations for heart failure, and urgent visits for heart failure, but the risk of GI side effects and genital mycotic infections was high.

There are several other potential benefits of SGLT2i in dysmetabolic syndrome, prediabetes, pediatric obesity and diabetes, persistent hypomagnesemia, and possible primary prevention of cardiorenal morbidity. SGLT2 inhibitors hold a lot of promise, but the risk-benefit ratio needs to be weighed along with cost and side effect management across age groups.

Comprehensive Weight Management at Allegheny Health Network

Fahad Zubair

Medical Director, Obesity Medicine

Associate Medical Director, Nutrition Medicine

Allegheny Health Network

At Allegheny Health network (AHN), we strive to provide the best possible care for patients struggling with weight gain and its related comorbidities. We believe that the most effective way to achieve this is to empower our patients with the correct knowledge regarding their illness, which will in turn lead to superior decision making and outcomes. It is critical to remove the countless misconceptions associated with weight loss treatment options and the traditional stigma associated with this disease.

According to the Centers for Disease Control and Prevention (CDC), the prevalence of obesity in the United States has risen above 42% in the adult population. This is an increase of approximately 12% in the prevalence in the last 15 years, and demonstrates the difficulty in treating this illness.

It is important that we treat obesity as a chronic illness. This is a disease that is hard to cure and will recur if the right treatment and preventative strategies are not implemented. Our goal, at AHN, is to do precisely that. Our Comprehensive Weight Management Center (CWMC) falls under the umbrella of the Bariatric and Metabolic Institute (BMI). The BMI is composed of bariatric surgery, endocrinology and obesity medicine. Each specialty is further subdivided to include dietitians, behavioral health counselors, medical assistants, and clinical navigators. Our aim is to provide a multidisciplinary approach to treat obesity, along with empowering our patients with evidence based knowledge regarding treatment and prevention. We work very closely with the bariatric surgeons, and frequently refer patients to them based on their treatment needs.

There were a total of 45 referrals to bariatric surgery to date in 2021, of which 22 had bariatric surgery. We also receive and treat patients referred from bariatric surgery as well. Most of these patients are poor surgical candidates or regained some their weight back after bariatric surgery. We have had a total of 124 referrals to the CMWC from bariatrics so far in 2021.

Patients going through the CWMC learn about all available treatment options. New patients, based on their eligibility, are offered to be enrolled in the obesity care path, where they are treated by a team of an obesity medicine provider, a dietitian, and a behavioral health counselor. These patients are seen frequently in person and are enrolled in

Our aim is to provide a multidisciplinary approach to treat obesity, along with empowering our patients with evidence based knowledge regarding treatment and prevention.

educational classes. A review of the 105 patients that continued on the care path for 3 months was analyzed and showed an average weight loss of approximately 5%. Losing 5% of initial weight in a 3 month period is considered significant, as it correlates with improvement in blood pressure, blood sugar control, triglycerides, and improved HDL levels.

We currently see patients at West Penn Hospital, Wexford Pavilion and Jefferson Hospital Clinic. We aim to expand our services across the network. To get scheduled, we require a referral to the Comprehensive Weight Management Center ,after which patients can schedule an appointment by calling 412-DOCTORS. Our goal is to help patients with obesity get to a healthier weight and educate them on prevention of weight regain for long term success. Our aim is to help spread awareness regarding obesity so we can have a healthier and a more productive community. ■

Community Events:

Pittsburgh Virtual Step Out Walk • Saturday, October 2

Join the Pittsburgh diabetes community for 34 minutes of activity to honor the 34 million Americans living with diabetes. Register at diabetes.org/pittsburghstepout

JDRF One Walk at the Pittsburgh Zoo and PPG Aquarium • Sunday, October 3

The JDRF One Walk is a chance to be a part of the largest T1D event in the world. Your One Walk will power research, enable advocacy, and fund support for the 1.6 million Americans living with T1D. Register at walk.jdrf.org or contact Becky Horner at rhorer@jdrf.org for more information.

Virtual Type 1 Diabetes Talks on Zoom • Sunday, November 7, 6 PM

Join others with a connection to type 1 diabetes in a casual setting to “chat, share, and learn” about living with T1D. This group will meet virtually every other month throughout 2021. Register at <https://www.jdrf.org/westcentralpa/2021/02/25/t1dtalks/>

GPDC FEATURED EVENT:

When to Use SGLT-2 Inhibitors and GLP-1 RAs in the Management of Type 1 Diabetes Wednesday, November 10, 6-8 pm

Speaker: Anne Peters, MD, University of Southern California In person at The Babb Building on the North Side or Zoom. Register at www.pghdiabetesclub.org by October 30 • 1 CEU available.

Navigating Diabetes Today Live CEU Program, Rivers Casino • Thursday, November 18, 8:30 AM to 3:30 PM

A program of the Association of Diabetes Care and Education Specialists, Western Pennsylvania Local Network Group (WPLNG). \$50 for ADCES members, \$75 for non-members. Register at www.diabeteseducator.org/event/WPLNGNOV21 by November 10. • 5 CEUs available.

Compiled by Lori Bednarz, RN, MSN, CDCES, and Marilyn Clougherty, RN, MSN, CDCES

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