






FROM EVIDENCE TO PRACTICE:

ENHANCED TYPE 2 DIABETES OUTCOMES WITH INFORMED APPROACHES ON OBESITY

Type 2 diabetes (T2D) and obesity are interconnected global health concerns. Most adults with T2D are overweight, and more than half have obesity. Weight loss should be recognized as a therapeutic strategy in T2D care that helps achieve glycemic targets and overall patient health.

UPDATES FROM THE ADA-EASD CONSENSUS GUIDELINES

-  Adopt a holistic person-centered approach to T2D management
-  Incorporate weight loss as a targeted therapeutic intervention
-  Use person-first, neutral, and strengths-based language
-  Optimize treatment adherence by personalizing treatment decisions
-  Reassess and modify treatment regularly to prevent therapeutic inertia

CONSIDERATIONS FOR INCORPORATING NOVEL T2D AGENTS: ADDRESSING THE ROOT OF THE ISSUE



Glycemic Management

To achieve glycemic targets, select agents with high to very high efficacy



Weight Management

Select an agent with high to very high weight loss benefit (eg, GIP/GLP-1RA, SGLT2i)



ASCVD or High Risk ASCVD

To reduce MACE, select an agent such as a GLP-1 RA, GIP/GLP-1 RA, or SGLT2i



Kidney Dysfunction

Incorporate a SGLT2i that has proven to be effective in improving kidney outcomes



Heart Failure (or HFpEF)

Incorporate a SGLT2i that has proven therapeutic benefits

GLUCOSE-LOWERING AGENTS BY DRUG CLASS

Agent	Glycemic Efficacy	Weight Change
Metformin	High	Neutral
SGLT2i	Moderate to High	Loss
GLP-1 RA	Very High	Loss
GIP/GLP-1 RA	Very High	Loss
DPP-4i	Moderate	Neutral
TZD	High	Gain
SU	High	Gain
Insulin	Very High	Gain
Emerging Agents	Glycemic Efficacy	Weight Change
GLP-1 R small molecules	High	Loss

THE INTERCONNECTION OF T2D AND OBESITY: GLOBAL BURDEN

Individualizing treatment goals and targets are imperative in the continual effort to reduce health complications



- 10.5%  adults (20-79 years) have diabetes
- 90%  of those with diabetes have T2D
- 90%  have T2D and are living with obesity

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LANGUAGE MATTERS: REFRAMING THE CONVERSATION ON OBESITY

- 1 Always seek permission
- 2 Use person-first language
- 3 Use evidence-based information
- 4 Be empathetic, understanding, and collaborative
- 5 Tune in to your patient's "non-scale" victories

Would you mind if we spoke about your weight for a minute?

"... I want the ability to play football with my kids..."

BEYOND BMI: WAIST-TO-HEIGHT RATIO

According to NICE, suggest the use of WHtR:

"Keep waist size to less than half their height to reduce risk of potential health problems"

Cutoff can be used across sexes, all ethnicities, and adults with high muscle mass

Category	Cutoff
↑ central adiposity	0.5*
*for persons under BMI 35 kg/m ²	

FIND YOUR REGIONAL GUIDELINES



[Brazilian Diabetes Society](#)
[Sociedade Brasileira de Diabetes, SBD](#)



[Japan Diabetes Society](#)



[German Diabetes Society](#)
[Deutsche Diabetes Gesellschaft, DDG](#)



[French Diabetes Society](#)
[Société Francophone du Diabète, SFD](#)



[Spanish Diabetes Society](#)
[Sociedad Española de Diabetes, SED](#)



[Italian Society of Diabetology/
Italian Association of Diabetologists](#)
[Società Italiana di Diabetologia, SID](#)
[Associazione Medici Diabetologi, AMD](#)

OTHER RECOMMENDED RESOURCES

- [Management of Hyperglycemic in T2D, 2022. A Consensus Report by the ADA and EASD](#)
- [KDIGO 2022 Diabetes in CKD Guideline](#)
- [International Diabetes Federation Clinical Practice Recommendations](#)
- [European Society of Endocrinology](#)
- [European Guidelines for Obesity Management in Adults- EASO](#)
- [NICE Guidelines: Obesity: Identification, Assessment and Management](#)

REFERENCES

Davies MJ et al. *Diabetes Care* 2022;45(11):2753–278; Ells, L.J., Ashton, M., Li, R. et al. *Curr Obes Rep* 11, 350–355 (2022).

ABBREVIATIONS

ADA, American Diabetes Association; BMI, body mass index; CKD, chronic kidney disease; DPP-4i, dipeptidyl peptidase-4 inhibitor; EASD, European Association for the Study of Diabetes; EASO, European Association for the Study of Obesity; GIP, gastric inhibitory polypeptide; GLP-1 RA, glucagon-like peptide-1 receptor agonist; SGLT2i, sodium-glucose cotransporter-2 inhibitors; SU, sulfonyleurea; T2D, type 2 diabetes; TZD, thiazolidinediones; WHtR, waist-to-height ratio.

