View from an Expert Bonus Content: PRIMARY CARE/FAMILY MEDICINE

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Hi, this is Jay Shubrook, a primary care diabetologist, and I'm delighted to be here on the add-on session from the MLI program, Therapeutic Strategies for Cardiovascular-Kidney-Metabolic Syndromes.

This was presented at the 22nd World Congress on Insulin Resistance, Diabetes, & Cardiovascular Disease. We know that there's been a high burden of chronic metabolic diseases, including diabetes, chronic kidney disease, heart failure, and cardiovascular diseases, such as MI and stroke. We also are now finding out that these are all driven, at least in some point, or amplified by excess adiposity.

These rates are increasing, and it's becoming increasingly hard for us to handle these in the primary care space. My view from the primary care clinician standpoint is there's a couple of things we can do. First of all, we need to recognize CKM syndrome and think about it in its pathway, looking upstream. Looking at adiposity and metabolic syndrome is the early stages of this.

We need to think about treating obesity as a disease in and of itself and looking for markers of CKM risk, such as inflammation, primarily albuminuria, and know that when we start to go down this journey, we don't have to go it alone. We can involve a team in this care. How do we start? First of all, let's look at normal risk factors. Let's make sure we optimize weight loss, smoking cessation, regular physical activity, limiting alcohol, and making sure we get a good night's sleep.

We also now clearly have good pillars for pharmacologic treatment for CKM. It's important that we know these and utilize them. These include RAS agents, not only starting them but getting to the max tolerated dose, utilizing SGLT2 inhibitors, MA antagonists, and the newest kid on the block are GLP-1 receptor agonists.

It's probably less important about what order you start these agents in but know that each of these have a role in the improvement of these patients, and they are important to be used in combination. There are newer treatments coming. Stay tuned. We'll probably get this list further refined. Now, one of the questions I commonly get asked in primary care is, "How do we get these treatments covered because they're awfully expensive?"

I think it is important to recognize that cost can be a real barrier to treatment for patients. Some things that I've learned have been very helpful. Make sure that you write in the sig of your prescription the diagnosis code that you're treating with that prescription. We have found in California that's really improved the likelihood that something's going to be passed through and won't need a prior authorization.

Then make sure that you use the brand that's indicated for the given indication. Particularly for GLP-1 receptor agonists, there are obesity indications, and there are diabetes indications, so making sure you have the right diagnosis with the right name brand will improve the likelihood for coverage. Then the final thing is because we're going to be doing team-based care, even though we may be starting many of these agents in primary care, you might also see your patient coming on these agents from a nephrologist or a cardiologist or even an obesity clinic.

I think it's important to recognize that anyone who is treating this patient might be starting them on this agent, and it's important that we talk to each other and make sure that we're optimizing treatment.

I like to say, be a lumper, not a splitter. You can be really overwhelmed, and so it could be the patient if you're looking at treating five or six different metabolic diseases. We really can amplify and say that all of these things are together, and if we address the underlying cause, inflammation, and obesity, we can really improve all of these conditions. We have treatments that will spread across each of these conditions.

Then think about how you can build your team, whether that's a certified diabetes educator, working with nephrology, cardiology, and endocrinology, but making sure that you know who's doing what so that we all can do the best thing for our patient. Then I think it's really important for us to let our patients know that there are multiple treatments available for them.

That's not only going to give them hope, but it's also going to improve the quality and the quantity of their life. We have a very important role in primary care: to be the central person, making sure we identify these patients early, making sure that we can screen for these conditions and find them before there's damage, and then ultimately, making sure we optimize to evidence-based treatments and getting them to other specialty care as needed. We hope you find this useful, and we look forward to seeing you in future programs.