ECHO Idaho: Diabetes and Metabolic Conditions
CASE RECOMMENDATION FORM

ECHO Session Date: 5/21/26

Thank you for presenting your patient at ECHO Idaho – Diabetes and Metabolic Conditions session.

Summary: This 73-year-old man with type 2 diabetes (A1c persistently ~7.5%) has complex comorbidities including morbid obesity (BMI 45), ASCVD, CKD, heart disease, and edema, and is currently managed with metformin and pioglitazone, without CGM or prior use of newer agents. From a cardiology perspective, his current regimen is suboptimal given his cardiovascular and renal risk profile, ongoing obesity, and edema (which may be exacerbated by pioglitazone). Consideration should be given to adding or transitioning to agents with proven cardiovascular and renal benefit, such as an SGLT2 inhibitor and/or GLP-1 receptor agonist, which may also support weight loss and improved glycemic control, while minimizing hypoglycemia risk. Discontinuation of pioglitazone should be evaluated due to fluid retention concerns. Additional recommendations include enhanced glucose monitoring (potentially CGM), addressing lifestyle factors within his functional limitations, and ensuring affordability and coverage of newer therapies given his concerns. Overall, the goal is to better align diabetes management with his high cardiometabolic risk profile while improving symptoms, weight, and quality of life.

Question: As the treating cardiologist, I am concerned that the current diabetes management is not ideal for this morbidly obese man with multiple comorbidities. What sort of suggestions would be appropriate to pass along to the family practice physician managing this man's diabetes?

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

This patient requires a multidisciplinary, proactive approach that prioritizes medication intensification, lifestyle support, and system navigation. High-value interventions should not be delayed, particularly initiation of GLP-1 receptor agonists and/or SGLT2 inhibitors, along with supportive services to improve outcomes.

Medication / Diabetes Management

- It is appropriate to initiate a GLP-1 receptor agonist and/or SGLT2 inhibitor given his cardiovascular disease, obesity, and diabetes; he has a clear indication for both.
- SGLT2 inhibitors may be easier to start, while GLP-1 therapies require titration and follow-up.
- As the cardiologist, it is reasonable to initiate these therapies directly rather than waiting for PCP management.
- Reevaluate pioglitazone (Actos), as it may be contributing to edema and is not ideal if heart failure is present or suspected.
- Initiate CGM to better understand glucose patterns and guide treatment.

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Access, Cost, and Insurance

- Explore Medicare, Tricare, and VA benefits to improve affordability.
- Assess eligibility for extra help programs to reduce out-of-pocket costs.
- GLP-1 therapies may be available at ~$50/month through manufacturer programs, making them more accessible.

Lifestyle & Behavior Change

- Encourage small, achievable activity changes (e.g., standing during commercials, walking short distances).
- Ask what is most important to the patient to guide motivation and behavior change.
- Emphasize dietary improvements and gradual increases in physical activity within his limitations.

Behavioral Health & Support

- Perform depression screening, given increased risk in diabetes and cardiovascular disease.
- Incorporate behavioral health support to sustain lifestyle changes.
- Refer to diabetes education for structured self-management training.

Additional Clinical Issues to Address

- Sleep apnea evaluation and management remain important despite prior reluctance.
- Continue management of multifactorial edema (venous stasis, diastolic dysfunction, medications, sleep apnea).
- Evaluate and manage anemia, which may be contributing to symptoms.

Care Coordination / Systems Approach

- It is appropriate for any provider to initiate referrals (diabetes education, behavioral health).
- Providers may need to take a more proactive role rather than deferring care.
- Consider referral to cardiac risk reduction programs, GLP-1 clinics, cardiac rehab, and multidisciplinary care teams.