



The Point

March 2023

Making diabetes care better, less frustrating and more fun since 2008

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RAMADAN

Ramadan is March 22 - April 21 this year. This is an important period of reflection and celebration for Muslims. While some patients with diabetes will choose to be exempt from fasting due to health concerns, others may wish to observe the fasting period which can last as long 12 or more hours between the dawn and dusk meal. The end of Ramadan is celebrated with a 3-day festival (Eid ul-Fitr) that may lead to over-indulgence in eating. There are risks with fasting and feasting, and both need to be addressed.

We encourage providers to discuss medication adjustments, if needed.

General medication pointers:

- No risk of hypoglycemia for metformin, thiazolidinediones (e.g., pioglitazone), DPP-4 inhibitors, GLP-1 agonists, acarbose
- No risk of hypoglycemia for SGLT-2 inhibitors, but caution risk of dehydration with this class, and importance of drinking water
- **Risk for hypoglycemia is highest with sulfonylureas and insulin which can be mitigated with careful counseling in relation to the dawn/dusk meals:**
 1. Sulfonylureas and prandial insulin should be taken before eating and dose may need to be adjusted for size of meal.
 2. The correct dose of peakless longacting basal insulin like glargine or degludec should not cause hypoglycemia when fasting--if it does, the dose should be lowered.
 3. NPH insulin is a medium long-acting insulin with a peak around 4-6 hrs and thus

morning dose should be lowered in anticipation of prolonged fasting

The International Diabetes Federation in collaboration with the Diabetes and Ramadan International Alliance produced an excellent overview *Diabetes and Ramadan: Practical Guidelines* in April 2016 that aligns religious and medical advice for the Ramadan period. The original 144 page document can be accessed [here](#). We summarized the recommendations of this publication in our May 2017 issue of "The Point". Check out the highlights [here](#).

GLP-1 SUBSTITUTIONS

We have all had to switch from one GLP-1 to another at some point, whether due to side effects, formulary changes, patient preference for a different route or frequency, or more recently due to supply shortages nationwide. Supply shortages particularly of semaglutide (Ozempic) and dulaglutide (Trulicity) are anticipated to be resolved sometime this spring.

A 2020 review article by Almandoz et al in *Diabetes Care* outlines practical tips for equivalent GLP-1 doses when switching. Link to the full article [here](#). Note that the article pre-dates approval of the newest kid on the block with the most robust glucose lowering and weight loss potential--the "twincretin" GLP1-GIP agonist tirzepatide (Mounjaro)--covered currently only by commercial insurances and certain Medicare part D plans. At the time of the article, the highest doses of dulaglutide (Trulicity) and semaglutide (Ozempic) were also not available.

GI side effects are by far the most common and are a class effect, though some patients tolerate one brand better over another. **Eating smaller meals, stopping once there is sensation of fullness, avoiding heavy fatty/greasy meals which further slow digestion are good practice points for patients experiencing nausea.**

See figure below for tips on how to think about substituting within the GLP-1 class, as well as equivalencies between doses. We don't quite know exactly where tirzepatide (Mounjaro) and the highest doses of dulaglutide (Trulicity) and semaglutide (Ozempic) fit in here, but since GI side effects are still common, would start low and uptitrate as tolerated. Lixisenatide is not covered by Healthy San Francisco or Medi-cal Rx; it may be covered by some Medicare part D plans.

See our cheatsheet [here](#) on which GLP-1s are covered by Healthy San Francisco and Medi-cal Rx, also posted at sfghdiabetes.org.

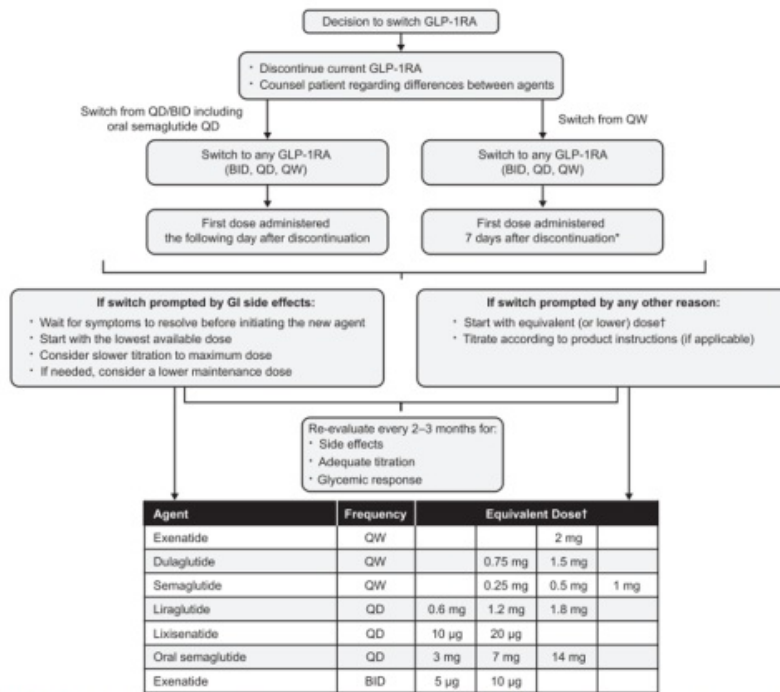


FIGURE 2 Practical algorithm for switching between once-daily and once-weekly GLP-1 receptor agonist therapies. *First dose of 7 or 14 mg to be administered 1-7 days after last injection (based on limited advice in the prescribing information, which specifies only when switching from semaglutide 0.5 mg subcutaneous). †Assessment of equivalent dose is entirely based on authors' opinion, which in turn is based on head-to-head clinical trials when available and/or clinical experience. Other reasons for switching could include patient preference, concern about drug interactions, and cost/insurance issues. Exenatide once weekly is not available at a lower dose but could be tried if this is an insurance-preferred GLP-1 receptor agonist. BID, twice daily; GLP-1RA, GLP-1 receptor agonist; QD, once daily; QW, once weekly.

Almandoz, J et al (October 2020). "Switching Between Glucagon-Like Peptide-1 Receptor Agonists: Rationale and Practical Guidance". *Clinical Diabetes*. 38 (4):390-402

WARNING ABOUT FREESTYLE LIBRE READERS

There have been some reports of malfunctioning Freestyle Libre readers which utilize lithium ion batteries--a fire hazard if damaged. This applies to the reader for the original 14 day Freestyle Libre, Freestyle Libre 2. This warning does not apply to patients scanning via mobile app on their smartphone.

Recommendations for troubleshooting:

1. Does the Reader appear damaged or cracked?
2. Do you see any swelling of your Reader?
3. Has the Reader been too hot to hold?
4. Is the Reader no longer able to hold a charge (for example, does it turn off unexpectedly or immediately after charging?)

If the patient answered **NO** to all of the above questions and is still concerned,

perform a quick Reader Test. Touch the Settings symbol from the Home screen, select **System Status** and then select **Reader Test**. The Reader Test will perform internal diagnostics and will allow the patient to check that the display, sounds, and touchscreen are working properly. For further instructions on how to perform a Reader Test visit www.FreeStyleBattery.com.

If the patient answered yes to any of the Inspection questions or if the **Reader Test** failed, please immediately discontinue use and call Abbott Customer Service at 855-632-8658 to request a replacement.

SPANISH DIABETES EDUCATION GROUPS

Dates for the next cycle of our Spanish diabetes education groups will be **Friday 2-4 p.m. on March 24, April 7, April 28 and May 12**. These interactive, fun and informative groups for patients and their caregivers are led by a Diabetes Clinic nurse practitioner with nutritionist and behaviorist for special topics. Please refer via eConsult Diabetes.



sfgmdiabetes.org

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