GLP-1 RA Myths & Realities

NAVIGATING SAFETY AND TOLERABILITY

Are you confident in optimizing GLP-1 RA dosing and managing the misperceptions that patients are seeing on social media?

CASE CHALLENGE

A 45-year-old man returns for follow-up after starting a GLP-1 RA 8 weeks ago. He has lost 4 kg and is experiencing moderate nausea following meals. He is reluctant to proceed beyond the starting dose because of his nausea and worries about losing muscle mass and developing "GLP-1 RA face."

How would you manage this case?

QUICK FACTS

- Social media and celebrity stories often dominate what patients have heard about GLP-1 RAs. This has influenced patients' expectations and may influence off-label use.
- Clinicians should be prepared to address common misconceptions while educating patients on the evidence-based benefits of GLP-1 RA therapy.
- GLP-1 RA dosing and escalation strategies differ by agent. Adhering to these recommendations can affect tolerability and outcomes.
- Many patients discontinue therapy prematurely due to suboptimal dose escalation and unmanaged side effects.

WHY THIS MATTERS

- Optimized GLP-1 RA dosing and careful escalation can enhance tolerability, increase adherence, and improve CKM outcomes for individuals with and without type 2 diabetes (T2D).
- This program will help clinicians develop skills to navigate therapy escalation as well as combat myths and misperceptions that may influence patient adherence.

Common Misperceptions vs Medical Realities

Misperception	Medical Reality
GI side effects are persistent and intolerable	GI-related side effects are dose-dependent, short term, and have existing mitigation strategies
I won't enjoy food or want to eat food anymore	Changes will occur with appetite and the sensation after eating, but there are steps to ensure eating is enjoyable
GLP-1 RAs cause unhealthy weight loss and loss of muscle mass	Lean mass loss is proportionate to fat loss and manageable with proper diet and exercise
GLP-1 RAs aren't worth starting because you'll just regain the weight	Maintenance treatment supports weight and management of weight-related chronic conditions
Compounded GLP-1 RAs have the same safety and efficacy as FDA-approved GLP-1 RAs	Compounded GLP-1 RAs are not FDA-tested and are linked to ADEs, dosing errors, and unknown ingredients

GI = gastrointestinal; ADE = adverse drug event; CKM = cardiovascular-kidney-metabolic.

Have questions on this topic? Ask the experts!

Scan or click the QR code to submit a question for a chance to have it answered during a live webinar.

GLP-1 RA READINESS RADAR

Are You *and* Your Patient Prepared to Start a GLP-1 RA?

Setting Patients Up For Success	
Use shared decision-making (SDM) before deciding to prescribe a GLP-1 RA. Be certain the patient is on board before initiating treatment.	☐
Ask what the patient has heard about these medications and what they hope to gain by taking a GLP-1 RA to address common misconceptions and set realistic expectations.	☐
Ask about history of pancreatitis or cholecystitis and describe the symptoms that indicate they should seek medical attention (e.g., severe stomach pain).	☐
Ask about personal and family history of thyroid cancer, particularly medullary thyroid carcinoma.	☐
Ensure the patient knows how their other medications should be adjusted to avoid increasing GI side effects, hypoglycemia, or drug interactions.	☐
Have visual aids ready to help explain concepts such as cardiovascular, kidney, and metabolic benefits.	☐
If prescribing an injectable agent, demonstrate how to inject and rotate sites for the patient. Show patients that the needle size is small and let them know most people don't feel the injection.	☐
Educate the patient on the GI side effects. Emphasize that these are transient.	☐
Include information on ways to mitigate GI symptoms that they can take home with them.	☐
Reinforce the importance of adherence during the titration period.	☐
Provide individualized diet and exercise guidance. Use a multidisciplinary team (MDT).	☐
Have a reliable process for patients to report intolerable or worrisome side effects and get help.	☐
Provide information on what to do for missed doses.	☐
Give the patient a reminder schedule of when the next dose escalation should be.	☐

Set Yourself Up For Success	
Establish a method in your practice to initiate each step in the titration schedule as recommended by the prescribing information and to slow dose escalation or pause the medication as needed should moderate to severe side effects occur.	☐
Ensure you have a plan to discuss restarting titration with the patient if too many doses are missed.	☐
Have a back-up plan for access issues (e.g., insurance changes, shortages).	☐
Have a follow-up schedule to check in on the patient's progress holistically. Treat the patient, not the number.	☐
Establish a consistent way to utilize an MDT to help the patient on their journey (e.g., mental health professionals, cardiologists, sleep specialists). If you don't have an MDT, start networking to establish one.	☐
Remember that the patient's challenges may change over time. Be ready to use SDM, adapt, and refer.	☐

Watch CME Outfitters' 6-episode webcast series on CKM health and GLP-1 RAs to dive deeper into the real questions and concerns patients have about GLP-1 RAs! Complete all 6 activities and claim your badge as a Patient-First Diabetes Management Champion!

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