



FROM BARRIERS TO BREAKTHROUGHS

Improving GLP-1 RA Adherence and Access Through Collaboration

COUNSELING ON GLP-1 RA ADVERSE EVENTS AND MITIGATING BARRIERS TO ACCESS

Are you confident in counseling patients about adverse events (AE) with GLP-1 RA therapy?

CASE CHALLENGE

A 64-year-old woman with type 2 diabetes (T2D) and obesity who started a GLP-1 RA 6 weeks ago is reporting nausea and intermittent pain on the left side of her abdomen. She wishes to stop treatment. She has poor vision and limited access to in-person appointments due to her rural location.

How would you manage this case?

QUICK FACTS

- Early education on common side effects reduces patient anxiety and discontinuation.
- Gastrointestinal (GI) AEs are among the top causes for patients discontinuing GLP-1 RAs in clinical practice.
- Rare but serious AEs (acute pancreatitis, cholelithiasis, hypersensitivity) necessitate patient awareness for prompt management.
- Improved patient counseling on expectations, symptom mitigation, and recognizing serious side effects can help improve adherence.
- Social drivers of health (SDoH), including insurance status and geography, significantly impact patient access to GLP-1 RA therapy.

WHY THIS MATTERS

- As GLP-1 RA indications expand across cardiometabolic conditions, being equipped to manage AEs, combat misinformation, and address access and dose optimization barriers will improve patient outcomes and reduce health disparities.
- This program will address counseling strategies to prevent AEs from a real-world perspective as well as provide practical advice to help you optimize your multidisciplinary team to manage adherence and barriers to care.

GLP-1 RAs

Recommendations to mitigate GI side effects



Use the 5 Ss:

Slow down: eat slowly and mindfully, without distractions

Small portions of food are better than large: eat smaller meals more frequently

Simple foods are best: avoid foods that are fried, fatty, sugary, spicy, or too rich

Stop eating as soon as you start to feel full, or before you feel full

Separate dinner from sleep by 2-3 hours



Eat only if you are actually hungry



Avoid lying down after having a meal



Avoid drinking using a straw



Avoid heavy exercise after eating – fresh air and light exercise may help instead



Increase fluid intake, especially clear drinks (in small sips) or soups; decrease consumption of carbonated drinks



Get fresh air and do light exercise



Keep a food diary to identify foods or meal timings that increase GI symptoms



To avoid nausea, try to eat foods such as crackers, apples, mint, or ginger 30 minutes before or 30 minutes after the last GLP-1 RA dose



Avoid strong smells

Recommendations for patients with vomiting or diarrhea



Increase fluid intake, eat broth-based soups, avoid sports drinks



Eat smaller amounts of food in more frequent meals



Avoid dairy products, laxative juices or meals, coffee, alcoholic drinks, soft drinks, very cold or very hot foods, and products with sweeteners ending in "ol" (sorbitol, mannitol, xylitol, maltitol), including candy and gum



Temporarily reduce your intake of high-fiber foods or foods that tend to produce gas* (e.g., whole grain bread, seed products, artichokes, asparagus, beans, cabbage, cauliflower, garlic and garlic salts, lentils, mushrooms, onions, sugar snap peas, snow peas, skinned fruits)

Recommendations for patients with constipation



Ensure the amount of fiber in your diet is adequate



Increase physical activity



Drink generous amounts of water (or other sugar-free liquids)

Recommendations for GI symptoms that are severe and/or persistent



In case of persistence of nausea and/or vomiting, avoid drinks during meals; have them between 30 and 60 minutes before or after meals



If nausea, vomiting, diarrhea, stomach pain, and/or constipation persist, seek medical attention as soon as possible

*Gradually increase the amount of fiber intake once symptoms improve

Watch CME Outfitters' 6-episode webcast series on CKM health and GLP-1 RAs to learn more! Complete all 6 activities and claim your badge as a Patient-First Diabetes Management Champion!

REFERENCES

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