



INDIVIDUALIZING GUIDELINE-CONCORDANT CARE

T2D and Patients With Multimorbid Conditions

Are you current with GLP-1 RA guideline recommendations for T2D management? What about recommendations for various cardiovascular-kidney-metabolic (CKM) conditions?

CASE CHALLENGE

A 59-year-old man with type 2 diabetes, chronic kidney disease (CKD), and a history of myocardial infarction asks about adding medications to reduce his cardiovascular risk and to better manage his diabetes.

Which guidelines provide robust and up-to-date recommendations to help determine if GLP-1 RA therapy is appropriate?

QUICK FACTS

- Guidelines such as the ADA Standards of Care and KDIGO recommend GLP-1 RAs for glycemic control and reducing cardiovascular and kidney events.
- GLP-1 RAs have demonstrated CKM benefits and are recommended in guidelines for patients with comorbid CKD, cardiovascular disease (CVD), and metabolic dysfunction-associated steatohepatitis (MASH).
- GLP-1 RAs are also recommended for adults with obesity or overweight with weight-related complications when lifestyle interventions are insufficient, with or without T2D.
- Real-world use of GLP-1 RAs in primary care remains below guideline recommendations, highlighting the need for increased clinician awareness of their evolving role in management beyond glycemic control.

WHY THIS MATTERS

- Optimizing implementation of GLP-1 RA therapy per guideline standards can substantially improve cardiovascular, kidney, metabolic, and weight-related outcomes for patients with T2D.
- This program will help you parse the key information from guidelines across multiple comorbidities with practical strategies for implementation in busy primary care settings.

Watch CME Outfitters' 6-episode webcast series on CKM health and GLP-1 RAs to dive deeper into the guidelines and what they mean for your patients! Complete all 6 activities and claim your badge as a Patient-First Diabetes Management Champion!

Guidance at a Glance: GLP-1 RA Use in the Treatment of T2D and Frequently Occurring Comorbid Conditions*

Condition	Guidance/Guidelines	Summary of Recommendations
T2D	AACE consensus statement: Comprehensive type 2 diabetes Management Algorithm – 2023 Update ACP Newer pharmacologic treatments in adults with type 2 diabetes: A clinical guideline from the American College of Physicians ADA Standards of care 2025 – Section 9	• AACE and ADA: Recommend GLP-1 RA or SGLT2i independent of HbA1c and other T2D therapies. • Recommend a GLP-1 RA for early pharmacologic intensification in T2D, especially with severe hyperglycemia, or cardiorenal comorbidities; without regard for HbA1c. • GLP-1 RAs can be initiated prior to insulin therapy. • GLP-1 RAs are recommended in those with risks for hypoglycemia.
CVD	AACE consensus statement: Comprehensive type 2 diabetes Management Algorithm – 2023 Update ADA Standards of care 2025 – Section 9 ACC Scientific statement on the management of obesity in adults with heart failure	• ASCVD, stroke, TIA: AACE and ADA recommend GLP-1 RAs that have demonstrated CV outcomes benefits in ASCVD, stroke/TIA, or pioglitazone. • HF: AACE recommends SGLT2i with proven HF benefits, independent of glycemic target or other T2D therapies. • HFrEF or HFpEF: Irrespective of HbA1c, ADA recommends SGLT2i with proven benefits in patients with T2D who have HFrEF or HFpEF. GLP-1 RAs are not recommended in HFrEF, but those with demonstrated benefits are recommended in symptomatic HFpEF and obesity. • HF with obesity: ACC recommends semaglutide (EF > 45%) or tirzepatide (EF > 50%).
CKM	AHA presidential advisory on CKM health	• T2D and established CKM or CKM risk factors: GLP-1 RA if BMI $\geq$ 35 kg/m², HbA1c > 9, or high insulin dose. SGLT2i if CKD is present.
CKD	KDIGO 2024 CKD guideline KDOQI U.S. commentary	• KDIGO and KDOQI: Recommend a long-acting GLP-1 RA if SGLT2i + metformin insufficient.

Condition	Guidance/Guidelines	Summary of Recommendations
Weight Management	AACE consensus statement: Comprehensive type 2 diabetes Management Algorithm – 2023 Update ADA Standards of care 2025 – Section 8 AGA Clinical Practice Guideline on Pharmacological Interventions for Adults With Obesity ASN/ACLM/OMA/TOS Joint advisory on nutritional priorities to support GLP-1 RA therapy for obesity OMA/ACOPF Obesity management in primary care: Joint clinical perspective - 2025	• AACE: GLP-1 RAs or SGLT2i are recommended for patients that are overweight or obese. • ADA: Liraglutide, semaglutide, and tirzepatide are recommended for patients who are overweight or have obesity. SGLT2i may be considered. • AGA: The use of GLP-1 RAs approved for weight loss in addition to lifestyle intervention in adults with overweight and obesity. • ASN/ACLM/OMA/TOS: GLP-1 RAs recommended for treatment of overweight and obesity. Evidence-based, pragmatic, nutritional and lifestyle strategies should be implemented with GLP-1 RAs to address key challenges around GLP-1 treatment of obesity. This includes nutritional and medical management of GI side effects, altered dietary intake, changes in food preferences, preventing nutrient deficiencies, resistance training to maintain muscle and bone mass, maintaining hydration, and lifestyle interventions. • OMA/ACOPF: GLP-1 RAs are recommended as part of the four pillars of obesity management alongside nutrition therapy, physical activity, and behavior modification.
MASH**	AACE clinical practice guideline for the diagnosis and management of nonalcoholic fatty liver disease in primary care and endocrinology clinical settings: co-sponsored by AASLD AASLD practice guidance on the clinical assessment and management of nonalcoholic fatty liver disease AASLD President's Statement on FDA Approval of Semaglutide for MASH ADA Standards of care 2025 – Section 4.2 Global Consensus Recommendations for Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) and Steatohepatitis	• AACE: GLP-1 RAs, SGLT2i, or pioglitazone may be used in patients with biopsy-proven MASH or a high probability of MASH. • AASLD: Semaglutide and pioglitazone can be considered. “[Semaglutide] is one of the most widely known and prescribed therapies for obesity and diabetes. [The FDA] approval for MASH extends that influence to liver health.” • ADA: GLP-1 RAs/GIP in adults with T2D, MASLD with overweight/obesity. For patients with T2D and either biopsy-proven MASH or high risk for liver fibrosis: pioglitazone, a GLP-1 RA, or GLP-1 RA/GIP is preferred for glycemic management due to benefits on MASH; combination pioglitazone plus GLP-1 RAs can also be considered. • Global Consensus Recommendations: Recommends GLP-1 RAs as the preferred treatments for T2D and/or obesity in individuals with MASH.

*Not an all-inclusive list of available guidelines or recommendations.

**Semaglutide 2.4 mg once weekly was approved by the FDA for the treatment of MASH, with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) in adults in August 2025. Guidelines are anticipated to be updated accordingly during their regular update cycle.

AACE = American Association of Clinical Endocrinology; AASLD = American Association for the Study of Liver Diseases; ACC = American College of Cardiology; ACLM = American Society of Lifestyle Medicine; ACOFP = American Society of Osteopathic Family Physicians; ACP = American College of Physicians; ADA = American Diabetes Association; AGA = American Gastroenterological Association; AHA = American Heart Association; ASCVD = atherosclerotic cardiovascular disease; ASN = American Society of Nutrition; BMI = body mass index; CKM = cardiovascular-kidney-metabolic; EF = ejection fraction; GIP = gastric inhibitor polypeptide; GLP-1 RA = glucagon-like peptide-1 receptor agonist; HbA1c = hemoglobin A1c; HF = heart failure; HFpEF = heart failure with preserved ejection fraction; HFrEF = heart failure with reduced ejection fraction; KDIGO = Kidney Disease: Improving Global Outcomes; KDOQI = Kidney Disease Outcomes Quality Initiative; MASLD = metabolic dysfunction-associated steatotic liver disease; MASH = metabolic dysfunction-associated steatosis; OMA = Obesity Medicine Association; SGLT2i = sodium-glucose cotransporter-2 inhibitor; TIA = transient ischemic attack; TOS = The Obesity Society.

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