

Week 1 Discussion

Choose a clinical condition from the list below that is applicable to your practice area or clinical interests. Assess the linked clinical practice guideline (CPG) related to prescribing medications for clients with that condition and respond to the following questions.

Type 2 Diabetes

https://cdn.brandfolder.io/74235FBJ/at/j8w753g8ch25pj9msk6m32n/CPGs_for_Type_2_Diabetes.pdf

- I. Application of Course Knowledge: Answer all questions/criteria with explanations and detail. Briefly summarize the condition you selected and your rationale for selecting it.

The topic I would like to address is type 2 diabetes mellitus. There is increasing concern regarding the prevalence of diabetes in the United States, with incidence rates rising annually and becoming increasingly common in primary care environments. This condition can impact individuals of all ages and is approaching pandemic levels. Projections indicate that by 2030, approximately 14% of men and 20% of women globally are expected to develop obesity and type 2 diabetes (Chandrasekaran & Weiskirchen, 2024).

I have previously held positions as a medical assistant and licensed practical nurse in an outpatient endocrinology office. Currently, I am working as a registered nurse in a family practice, where I have observed a rising number of patients with either a diagnosis or a trend towards type 2 diabetes. Additionally, I have a personal family history of this condition, which motivates me to adopt a healthier lifestyle in order to delay its onset. Given the increasing prevalence of type 2 diabetes, I am committed to furthering my education and preparation as a future Family Nurse Practitioner to enhance the quality of care I provide to my patients.

2. Describe the prescribing recommendations from the CPG and how these could impact pediatric, pregnant, and older adult populations considering pharmacokinetic principles.

Recommendations from the CPG are based upon the severity of the patient's type 2 diabetes. Initially, the patient would be advised to make lifestyle modifications to maintain or achieve an optimal weight. If that is insufficient, then an antihyperglycemic medication will be introduced to have an optimal A1C of <6.5%. The selection of antihyperglycemic medication will depend on the patient's formulary drug plan, cost of medication, and availability. Additionally, all patients should be screened for cardiovascular risks with a lipid panel. If the lipid panel is abnormal, the provider should refer to the ASCVD Risk Reduction guidelines for dyslipidemia. Various guidelines are available for providers for managing complications such as hypertension, complicated glycemic control, and introduction of insulin.

Many of the oral diabetic medications are not safe to take with pregnancy. However, insulin and metformin are considered safe options for managing glucose levels in patients with existing type 2 diabetes or those who develop gestational diabetes. Pediatric cases of diabetes mellitus are