Mr Jimenez is a 55 year old male that was recently hospitalized with an MI with stent placement. Patient is a former smoker and only drinks alcohol on special occasions. His LDL cholesterol was elevated and his HGB A1C is 7% with normal renal function. His BMI is greater than 30 so it puts him at risk for obesity related health conditions. The patient is currently taking metformin 500mg PO BID, aspirin 81 mg PO daily, atorvastatin 40 mg PO daily, and clopidogrel 75 mg PO daily.

The patient should be diagnosed with Stage 3 obesity and weight management should be a desired goal between the patient and the healthcare provider (Samson et al., 2023). The patient will need extensive diet education based on a heart healthy and diabetic diet (Samson et al., 2023). The patient's diet should restrict sugars, carbohydrates, and saturated fat (Samson et al., 2023). Cultural considerations, food allergies, and cost should be considered when offering healthy diet alternatives to improve compliance. Mr. Jimenez should be referred for a sleep study to rule out obstructive sleep apnea (Samson et al., 2023). He should also be referred to a mental health provider to rule out depression associated with his diabetes and new onset MI (Samson et al., 2023). If diet alone is unsuccessful in managing his weight, he can be prescribed a weight management medication such as a SGLT-2 inhibitor or GLP-1 receptor agonist (Samson et al., 2023). SGLT-2 inhibitors and GLP-1 receptor agonists have cardioprotective effects against heart failure, stroke, and kidney disease (Rolek et al., 2023). Based on the information provided in the CPG, Victoza or liraglutide 0.6 mg daily for one week by subcutaneous injection, should be an appropriate prescription for this patient to take on a daily basis to help lower his A1C and body weight (Samson et al., 2023). Liraglutide should help reduce the patient's weight by 5-6%, putting the patient's body weight under 200lbs (Samson et al., 2023).

Based on the information provided. I would continue with his current medication regimen of atorvastatin, clopidogrel, metformin and aspirin. It appears that his blood pressure is controlled, however if it should become uncontrolled, I would consider starting an ACE inhibitor or ARB due to his diabetes and cardiovascular disease (Samson et al., 2023). Lifestyle modifications such as diet, exercise, and adhering to a medication regimen has been proven to decrease the cardiovascular risks associated with Type II diabetes(Samson et al., 2023). The patient should also be encouraged to stay up to date on all of his vaccinations due to his cardiac and diabetes diagnoses (Samson et al., 2023). Before prescribing the medication Victoza, I would have to have an extensive medical history that included a patient history of medullary thyroid cancer, pancreatitis, hypoglycemia, gallbladder issues and extensive allergy list (Samson et al., 2023). The patient should be educated that Victoza can cause hypoglycemia and the patient should carry hypoglycemic agents such as glucose tabs in the event that he has a hypoglycemic episode.The risks, benefits, cost, and side effects should be properly addressed with the patient prior to starting the medication. The patient should be encouraged to keep a log of his glucose levels and a log of his blood pressures following this appointment. The patient should also follow up in 1-2 weeks after starting Victoza to ensure that the side effects are minimal and an increase in dosage is warranted. A full set of labs should be gathered prior to starting the medication and at least 3 months after starting the medication to reassess the patient's HGB A1C, renal function, and cholesterol.

References