Clinical Challenges in Diabetes Management

Case-based discussion

- A 62-year gentleman was referred to a nephrology clinic due to proteinuria and azotemia
- He is a case of T2DM for 14 years and history of HTN for 6 years

Lab Data

- Serum creatinine was 1.5 mg/dl last year
- Proteinuria was 1+ last year
- Now, serum creatinine rises to 2.1 mg/dl
- Urea: 88 mg/dl
- 24 hours urine protein = 500 mg
- HbA1C = 7.0%

Physical Examination

BP

۱۶۰/۹۵

Leg Edema

+۱

Drug History

Metformin

1000 mg BD

Glibenclamide

20 mg daily

Atorvastatin

20 mg daily

ASA

80 mg daily

Furosemide

40 mg BD (started 3 weeks ago due to leg edema

Pioglitazone

30 mg (started 2 months ago)

What do you recommend for better management of DKD?

A) Discontinue pioglitazone and furosemide

B) Add empagliflozin

C) Discontinue Metformin, pioglitazone and adjust Glibenclamide dosage

D) Discontinue all of OHA (Orally administered antihyperglycemic agents) and start linagliptin5 mg daily and gliclazide 80mg daily

E) Consider empagliflozin after treatment of pre-renal azotemia