

- **Background**
 - A 50-years-old female with T₂DM, diagnosed 2 years ago, see
- **Medical History**
 - T₂DM diagnosed at age 48, HTN for 5 yrs., no ischemic event
- **Social History**
 - A bank officer, smoker (5 Pack/Year), non alcoholic
- **Drug History**
 - Atenolol 100 mg/d, ASA 80 mg/HS, no diabetes medication,
- **Physical Exam**
 - BP: 135/85 mmHg
 - BMI: 28 kg/m²
 - Good distal pulses
 - Normal ECG

A 50-years-old female

CKD-EPI Creatinine-Equation (20...

Scr: 0.9 mg/dL

Age: 0 Years

Gender: Male

GFR

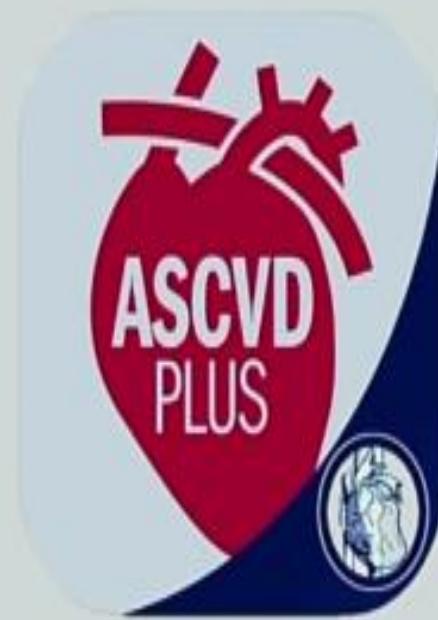
Done

1	2 ABC	3 DEF
4 GHI	5 JKL	6 MNO
7	8	9

Lab Summary		
Glycaemia	HbA _{1c}	7.5%
	FBS	145 mg/dL
Lipids	Total Chol.	210 mg/dL
	HDL-C	42 mg/dL
	LDL-C	108 mg/dL
	TG	300 mg/dL
Renal data	Microalbumin	10 mg/gr
	Creatinine	0.9 mg/dL
	eGFR	78 ml/min/1.73m ²

No OADs yet

Age	50
Sex	Female
Race	Other
Systolic BP	135 mmHg
Diastolic BP	85 mmHg
Total Chol	210 mg/dL
HDL-C	42 mg/dL
LDL-C	108 mg/dL



10 years
ASCVD risk

14.6%

What is the most appropriate starting treatment for hyperglycemia?(Continued)

- A. Metformin
- B. Empagliflozin
- C. Sitagliptin/Linagliptin
- D. Glibenclamide
- E. Gliclazide-MR
- F. Pioglitazone
- G. Metformin+Empagliflozin
- H. Liraglutide
- I. Basal Insulin
- J. Others



What is the most appropriate treatment for hyperlipidemia? (Continued)

to Engage, Empower and Inspire Clinicians

- A. Lifestyle modification (LSM) only
- B. LSM + Atorvastatin 20 mg/day
- C. Rosuvastatin 20 mg/day
- D. Gemfibrozil 300 mg/day
- E. Fenofibrate 200 mg/day
- F. Atorvastatin 20 mg/day + Gemfibrozil 300 mg/day
- G. Rosuvastatin 20 mg/day + Fenofibrate 200 mg/day
- H. Rosuvastatin 20 mg/day + Omega 3 Od
- I. Others



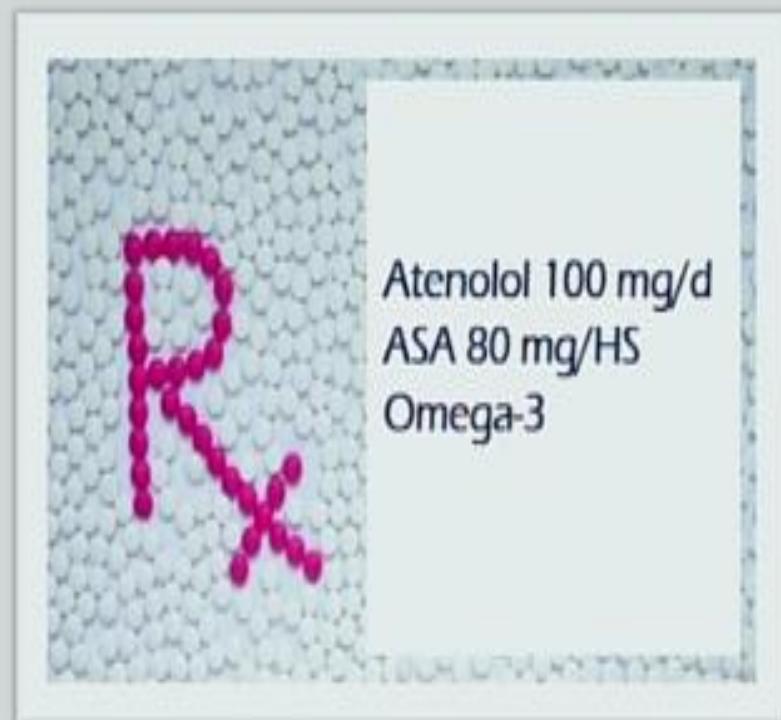
Atenolol 100 mg/d
ASA 80 mg/HS
Omega-3

Total Chol	210 mg/dL	LDL-C	108 mg/dL
TG	300mg/dL	HDL-C	42 mg/dL

What is the most appropriate treatment to control blood pressure?

(Continued)

- A. Continue Atenolol, Improve LSM
- B. Add ACEI to Atenolol
- C. No Atenolol, start ACEIs / ARBs
- D. No Atenolol, start CCBs
- E. Bisoprolol or Metoprolol
- F. Fixed dose combination (FDC)
- G. Diuretics
- H. Others



What do you think about taking Aspirin in this patient?

- Continue?
- Stop?
- Depends on patient's decision?

