

# The GeriJournal



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## Less Insulin - Fewer Injections

Ozempic® is classified as a GLP-1 agonist (pharmacology lingo), which increases insulin production and decreases glucagon secretion. Blood glucose, weight and insulin resistance are lowered. CV events and CV mortality are also reduced. There are other drugs in this class (Trulicity®, Victoza®, Bydureon® and Adlyxine®), but Ozempic® is the only one covered by Drug Benefit for once weekly administration.

A couple of our LTC physicians are big fans of this medication. They each touted it at recent PAC meetings, suggesting that Ozempic® could allow for those using insulin concurrently, to have their insulin tapered, and in some cases, even discontinued.

It must be pointed out that Ozempic® is only used in Type 2 diabetics, and the product monograph states that it “is not a substitute for insulin”. It also has several rare, but serious potential side effects, such as thyroid tumors, pancreatitis, renal impairment and diabetic

retinopathy. GI side effects are common. In addition to the benefits noted earlier, hypoglycemia is less common with GLP-1 drugs than many other diabetic agents. GLP-1 use is becoming more prominent amongst the elderly.

I was intrigued by the assertion that insulin discontinuation might be possible. I looked at insulin doses and resident weights in those who have been using Ozempic® for at least three months. Eighty-nine percent had lost weight! Although I did not use a placebo group for comparison, many of these residents were gaining weight in the months preceding Ozempic®.

Unfortunately, too many of these residents were on oral anti-diabetic therapy (without insulin) to make a sensible statement about insulin dose reduction. Still, weight loss and the expected improvement in insulin sensitivity would be expected to lead to insulin dose reduction. Discontinuation may be possible in some residents, after a very slow, careful taper.

Where tolerated, it is difficult to argue with the convenience of once weekly dosing. We may not have much longer to wait for another exciting option - once weekly insulin! Ultra-long acting, insulin icodec, has had very positive results in recent phase 2 study. Injectable diabetes therapy may be in the midst of a major transformation.

## Freestyle ↑ ↓

Freestyle Libre® has been a common GeriJournal topic over the past nine months. I want to emphasize a valuable feature on the reader that is often being ignored.

Though the sensor is typically scanned only 2 – 4 times a day, it samples for glucose every minute. When the sensor is scanned at 0730, it “knows” what the sugars have been over the past 8 hours. The readings can be viewed by tapping *Patient History* on the reader, which shows a graph of recent glucose levels.

The reader display also shows which direction the glucose is trending. Rapid downward (↓) or upward (↑) movement is of the greatest interest, since Freestyle® interstitial glucose values are 5 – 10 minutes “behind” blood glucose. **Any Freestyle® reading between 4 and 5, accompanied by a ↓ arrow must be confirmed with a Contour® finger-prick blood glucose level,** to determine true glycemic status.

We are adding eMAR notifications to all Freestyle® orders in PCC and Med-eCare to ensure hypoglycemic events are not missed or misidentified. We are also bolstering our auxiliary labeling of glucagon kits. All kits will carry a bright label directing the nurse to complete an incident report when glucagon is used.

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