



GLYCEMIC ROOTS

KEEPING DIABETES EDUCATORS CONNECTED

Waterloo Wellington Diabetes Newsletter

NEW

Incretins and Surgery To Hold or Not To Hold

As we know incretins can slow gastric emptying which can be a concern when a person with diabetes is undergoing surgery, as this can increase the risk of aspiration and post-operative complications.

Dr. Alice Cheng, Endocrinologist, presented at the 2024 Diabetes Canada Conference on this very hot topic.

Dr. Cheng provided some very practical guidance:

1. Do not start incretin therapy if you know someone is scheduled for elective surgery in the next 3-4 months
2. *Physician to assess the person's risk if on incretin therapy:*
 - a. How long have they been taking incretin therapy?
 - b. Are they on a stable dose or still titrating? On a high dose?
 - c. Are they experiencing any GI side effects?
 - d. Do they have any medical conditions or taking medications that could also impact gastric emptying?
3. **If deemed at low risk** - 24 hour preoperative liquid diet, no need to hold incretin, assess for symptoms the day of the procedure
4. **If deemed at moderate risk** - hold incretin therapy: day of procedure for daily incretin therapy, one-week before for weekly incretin therapy, > 24 hour preoperative liquid diet, assess symptoms the day of the procedure
5. **If deemed at high risk** - delay elective procedure until at a stable incretin dose, delay elective procedure until no longer having GI side effects
6. If there is a clinical concern for retained gastric contents on day of procedure, order point-of-care gastric ultrasound to assess risk of aspiration and need to delay procedure

[Click here](#) to access the full recommendations on incretin therapy and surgery

This Issue:

Incretins and Surgery: To Hold or Not To Hold, JDRF's New Name

Page 1

2024 Diabetes Canada Conference Updates & 2024 London Diabetes Update Key Take-Aways

Page 2

Help End Diabetes Stigma, Addressing Diabetes Distress & Upcoming Events

Page 3

SickKids Transition to Adult Care Study, Stages and Prescreening for T1D

Page 4

JDRF is Now Breakthrough T1D

NEW

On November 1, 2024, JDRF rebranded to become Breakthrough T1D.

The reason behind the rebrand was that the name 'breakthrough' signifies scientific discovery, the ability to break through barriers and work towards a cure.

www.breakthrough1d.ca

[Click here](#) to learn more



Save the Date: Diabetes Canada Conference 2025 Toronto – Nov. 26-29th, 2025



2024 Halifax Conference

Clinical Practice Guideline Updates

- 1. Updated Chapter: Pharmacologic Glycemic Management of T2D in Adults** – user friendly and condensed. Priority given to medications with cardiorenal benefits. [Click here](#) to access.
- 2. New Accompanying Resource: User’s Guide: Pharmacologic Glycemic Management of T2D in Adults** – this document seeks to help support health-care practitioners apply the updated recommendations with greater confidence and/or the rationale behind them. [Click here](#) to access.
- 3. Updated (not released): CKD in Diabetes** – New CKD dosing chart and adverse effects table. New drug class nSMRA – to slow down progression of CKD, improve kidney and CV outcomes.
- 4. New (not released): Diabetes and MASLD** (metabolic dysfunction-associated steatotic liver disease) formally known as NAFLD – patients living with T2DM & metabolic syndrome are at high risk for developing MASLD (approx. 70%). This new chapter outlines how to screen and based on FIB-4 scores suggested next steps as well as treatment options.
- 5. New (not released): Type 1 Diabetes Across the Lifespan** – will replace chapters 12 & 34. T1D in pregnancy will remain in the DM and Pregnancy chapter. New A1c target for children = $\leq 7.0\%$ and TIR targets now the same as adults. Updated pediatric DKA treatment guidelines. Metformin, Incretins and SGLT2i may be used in addition to insulin with discussion with patient re: balance of risks-benefits and side-effects.

Next chapters to be updated: Organization of Diabetes Care & Diabetes and Pregnancy. Estimated release: 2025-2026.

New/Updated Diabetes Canada Patient & Practitioner Resources

- 1. Updated Quick Reference Guide** – available to order
- 2. Updated Cardiorenal Protection Sheet** – coming soon
- 3. Updated Insulin Prescription Sheet** – coming soon
- 4. Updated Insulin Pen Start Checklist** – coming soon
- 5. New Introductory Resistance Program patient tool** – coming soon

Additional Updates from the Conference

- EMR integration of CPGs, NFLD first province to trial
- CGM trials in pregnancy show signals for dysglycemia can start as early as 13-14 weeks
- Switching from once-weekly basal to daily basal insulin, wait 2 weeks after last once-weekly dose (wash-out period) before starting daily basal

Islet cell replacement studies:

1. Islet Stem Cells – Vertex trial, stem cells infused into liver, need immunosuppression
2. Islet Stem Cells – Upward study, encapsulated stem cells, no immunosuppression needed

Trials now entering phase 3

London Diabetes Update 2024

- After lifestyle modifications, Fibrates remain best drug option to decrease triglycerides. A new class of triglyceride lowering drugs are being studied – showing 80-90% reduction in triglyceride levels.
- >50,000 Canadians live with ESRD, 50% of new cases occur in people with diabetes. 4 components of care (cardiorenal protection, glycemic control, weight management and CV risk management).
- New Incretin drug being studied (Retatrutide) – it is a triple hormone receptor agonist, showing 2-3% decrease in A1c, up to 17% weight loss.

Want to learn how the **Self-Management Program** can benefit you, your patients & program? Contact Danielle at daniellehelangs.org or call 519-496-7231

Help End Diabetes Stigma

Diabetes stigma is the negative judgments, stereotypes, and prejudices that unfairly affect people living with diabetes and can lead to discrimination. Around 4 in 5 people with diabetes have experienced diabetes stigma. It can have a negative impact on the health, self-care, well-being, professional and social lives of people living with diabetes.

Experts across the world agree that a pivotal change is needed to bring an end to diabetes stigma. It starts with a collective commitment from all sectors of the diabetes community to challenge the status quo.

[Click here](#) to read the pledge



Both Langs Community Health Centre and Waterloo Wellington Diabetes have signed the pledge. Please [consider taking the pledge.](#)



Addressing Diabetes Distress

Diabetes distress is the emotional side of living with diabetes. The ongoing burdens of managing and living with a chronic disease. It is how people living with diabetes relate to and experience their disease. It is not a co-morbidity or a mental health disorder. People living with diabetes are distressed for different reasons and in different combinations at any given time. Understanding how diabetes distress may be impacting a person living with diabetes is crucial, as it can impact their ability to successfully self-manage their diabetes.

It is estimated that 50% or more of people living with diabetes experience diabetes distress. Diabetes distress does not disappear on its own, but with support and interventions people with diabetes can see dramatic improvements in their well-being. Screening for and addressing diabetes distress **before** providing routine education has been found to improve health outcomes quickly. Diabetes distress is measured by standardized surveys and once completed, it can help the HCP understand where to focus their support. Please consider adding this assessment into your practice.

[Click here](#) to learn more about Diabetes Distress

[Click here](#) to learn more about Diabetes Distress Surveys

Upcoming Events

1. Ramadan and Diabetes 2025

Public event: TBD

HCP event: **January 21, 2025**

Save the date, more information will be shared shortly

2. Mental Health First Aid

An awareness and prevention program teaches participants how to help someone showing signs of mental health distress

February 7, 2025

[Click here](#) to learn more

3. Optimizing Diabetes Prevention and Care Through Low Glycemic Index Diets

1/2 day workshop focusing on practical strategies to implement into your clinical practice

February 27, 2025

[Click here](#) to learn more

4. Motivational Interviewing Level 1 - Workshop for HCPs

Provides a meaningful overview of Motivational Interviewing with integration of other evidence-based behaviour change practices

March 6 & 13, 2025 - Virtual

[Click here](#) to learn more

5. BBDC Advances in Diabetes Care 2025 - Glucose and Beyond

Plan to attend & learn about the latest therapies, screens, and devices that are transforming diabetes care

March 28, 2025

[Click here](#) to learn more

NEW

SickKids Transition to Adult Care Study

The study's aim is to identify the most important factors for a good transition experience that will help to ensure high-quality care across Canada. The goal is to establish a key set of quality indicators.

SickKids wants to hear from:

- youth between the ages of 18 to 24, who are actively or has recently transitioned to adult care services
- youth between the ages of 18 to 24 living with a physical disability or mental health conditions, who is actively or has recently transitioned to adult care
- parents and caregivers of a young person with a physical disability or mental health conditions who is currently transitioning or has transitioned to adult care in the last six years
- Physicians, Nurse Practitioners, Nurses, Social Workers, Dietitians, or other healthcare professionals caring for youth living with diabetes
- Community agency leaders, managers, directors, policy makers, or other decision makers in children's health

Participants will be asked to do:

- three online sessions over a six-week period
- two surveys
- one discussion board

****All participants will receive compensation****

Please consider participating and/or sharing this opportunity with your patients and families, if applicable.

[Click here](#) for patient flyer

[Click here](#) for parent/caregiver flyer

[Click here](#) for the Healthcare professional flyer

[Click here](#) for the Healthcare Administrator flyer

To learn more, contact SickKids at:
qualityindicators.transition@sickkids.ca



Wishing you a beautiful and joyful holiday season!

Trina

Stages of T1D and Pre-screening

Stage 1 - Two or more positive antibodies and normal glycemia

Stage 2 - Two or more positive antibodies and dysglycemia

Stage 3 - hyperglycemia, two or more positive antibodies and clinical symptoms

Stage 4 - Clinical T1D

- Probability of progression from Stage 1 to Stage 3 = 44% within 5 years, 70% within 10 years, 84% within 15 years.
- Peak antibody incidence occurs between 9 months - 2 years of age, but world average age of onset being 20 years old.
- Lack of DKA at diagnosis is associated with better cognition/IQ in youth and better long-term glycemic control.
- Who to screen?: first degree relatives of people with T1D and people with a family history of autoimmune diseases.
- The American Diabetes Association recommends screening at age 2 then again at age 6. [Click here](#) to read the ADA recommendations.
- Drug for identified stage 1 - Teplizumab, can delay onset of T1D by 2-3 years. Approved in the US but not in Canada. [Click here](#) to learn more about Teplizumab and US screening programs. [Trialnet](#) remains the main screening option in Canada.



Contact Information:

Trina Fitter - Resource Clinician

trinaf@langsof.org

519-947-1000 ext 262

info@waterloowellingtondiabetes.ca

www.waterloowellingtondiabetes.ca