



# Optimal Care for Endocrine and Dermatology

Evidence driven~Better outcomes~Lower cost

## TREATMENT AND MANAGEMENT

- ✓ Diabetes type 2:
  - Treatment goal is an HbA1c of 7-8% for most older adults.<sup>1</sup>
  - 62% of patients over age 65 have an HbA1c of <7% and are over treated.<sup>1</sup>
  - 54% of seniors who are over treated are on insulin or a sulfonylurea with increased risk of hypoglycemia.<sup>2</sup>
- ✓ Thyroid disease:
  - Do not screen for thyroid cancer.
  - Serial thyroid ultrasounds and repeat thyroid biopsies are infrequently needed.
  - Adrenal incidentalomas:<sup>3</sup>
    - ◆ Malignancy is rare if <4cm in size and repeat imaging is not needed.
    - ◆ 10% are hormone secreting – evaluate for Cushing’s and pheochromocytoma, and if hypertensive, aldosteronoma.
    - ◆ Review the Forum (Sept/Oct 2019) for imaging/hormonal evaluation.
  - Papillary thyroid cancer:<sup>4</sup>
    - ◆ Active surveillance preferred approach.
    - ◆ If surgery is recommended – consider thyroid lobectomy.
    - ◆ Thyroid lobectomy equal to total thyroidectomy with I-131.
    - ◆ Total thyroidectomy with radioactive iodine is still being used 80% of the time.

## DM2 PHARMACOTHERAPY

- ✓ ACP guidelines state metformin should be first line if GFR>30 ml/min and second agent should be based upon cost effectiveness with no specific drug class recommended.<sup>5</sup>
- ✓ Carolina trial has demonstrated the CV safety of short acting sulfonylureas.<sup>6</sup>
- ✓ Use of GLP1 agonists for the purpose of CV risk reduction is not cost effective.<sup>7</sup>
- ✓ SGLT-2 inhibitors may be cost effective due to CV and renal benefits, and reduction in CHF admissions.<sup>8</sup>
- ✓ DPP IV inhibitors are generally not cost effective.<sup>9</sup>
- ✓ Routine home glucose monitoring not indicated in DM2 on oral medications.
- ✓ Continue metformin and change to a parenteral regimen if HbA1C >8% on three oral agents.<sup>5</sup>
- ✓ Branded basal insulins are 20x the cost of NPH and of similar effectiveness.<sup>5</sup>
- ✓ Prevent 911 calls with glucagon, for patients using insulin at home.<sup>5</sup>

## DERMATOLOGY TREATMENT AND MANAGEMENT

- ✓ Choose dermatologists based on:
  - Will refer back to the PCP after evaluation
  - Prudent use of Mohs surgery
  - Generic prescribing of topicals/antibiotics
  - Appropriate utilization of biologics
- ✓ Basal carcinoma of the skin:
  - Mohs and simple resection have equal recurrence rates, average cost of Mohs procedure is \$2600.<sup>9</sup>
  - Topical 5-FU is superior to imiquimod and photodynamic therapy for multiple actinic keratoses.<sup>10</sup>

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