



OptimalCare 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.¹
- 62% of patients over age 65 have an HbA1c of <7% and are over treated.¹
- 54% of seniors who are over treated are on insulin or a sulfonylurea with increased risk of hypoglycemia.²

Thyroid disease:

- Do not screen for thyroid cancer.
- Serial thyroid ultrasounds and repeat thyroid biopsies are infrequently needed.
- Adrenal incidentalomas:³
 - 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:⁴
 - 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.

Diabetes mellitus 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.⁵
- Carolina trial has demonstrated the CV safety of short acting sulfonylureas.⁶
- Use of GLP1 agonists for the purpose of CV risk reduction is not cost effective.⁷
- SGLT-2 inhibitors may be cost effective due to CV and renal benefits, and reduction in CHF admissions.⁸
- DPP IV inhibitors are generally not cost effective.⁹
- 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.⁵
- Branded basal insulins are 20x the cost of NPH and of similar effectiveness.⁵
- Prevent 911 calls with glucagon, for patients using insulin at home.⁵

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 \$2600.⁹
- Topical 5-FU is superior to imiquimod and photodynamic therapy for multiple actinic keratoses.¹⁰

1. Annals of Internal Medicine. 2018;168(8):569. doi:10.7326/m17-0939

2. JAMA Internal Medicine. 2017;177(10):1461.

doi:10.1001/jamainternmed.2017.3844

3. BMJ. 2018. doi:10.1136/bmj.j5674

4. New England Journal of Medicine. 2018;379(4):310-312.

doi:10.1056/nejmp1804426

5. Gastroenterology. 2011;140(3):1084-1091.

doi:10.1053/j.gastro.2011.01.030

6. JAMA. 2019;322(12):1155-1166. doi: 10.1001/jama.2019.137722

7. BMJ. 2018. doi:10.1136/bmj.j5644

8. New England Journal of Medicine. 2016;375(4):311-322.

doi:10.1056/nejmoa1603827

9. GoodRx, Inc. <https://www.goodrx.com>. Published 2020.

Accessed September 1, 2020.

10. New England Journal of Medicine. 2019;380(10):935-946.

doi:10.1056/nejmoa1811850.

This information is for informational purposes and should only be used by licensed clinicians to aid in improving diagnosis, detection and/or clinically appropriate treatment; this information is not a substitute for clinical decision-making and should not be used to make individualized diagnostic or treatment decisions for specific patients. These materials do not necessarily represent the standard of care for treating a particular condition; rather, the content is a synthesis of current evidence for consideration by a trained clinician when evaluating a patient.