Type 2 diabetes update: diagnosis, prevention & management

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What is Type 2 diabetes?
Why is diabetes relevant for PLwH

• 1 in 3 PLwHIV have pre diabetes or type 2 diabetes

• Prevalence of T2d – 15.1%
  – three times the background risk

• Incidence – 2%/year

Why is there more diabetes in PLwHIV?

- Certain drugs: zidovudine, didanosine, stavudine, zalcitabine, indinavir, and high-dose ritonavir
- Lipodystrophy
- Co-infection with Hepatitis C
- Duration of HIV
- Ethnicity
Diagnosing Diabetes

• Random / 2hr OGTT glucose >11.1mmol
• Fasting glucose of >7mmol
• HbA$_{1c}$ $\geq$ 48mmol/mol (6.5%)
How should we screen?

- BHIVA: Annual HbA$_{1c}$ if $\geq$40 years old
- American Diabetes Association; European AIDS Clinical Society: do not advocate HbA$_{1c}$ 6-12m fasting glucose.

HbA$_{1c}$ falsely low in PLwH
Continuous glucose monitoring
Individualise care
Metformin

Sulfonylurea
e.g. gliclazide

Pioglitazone

DDP4 inhibitor
‘gliptin

SGLT2 inhibitor
‘gliflozin

GLP1 receptor agonist
‘tide

Insulin
It’s complicated
- **Metformin**
  - Reduce dose with dolutegravir

- **Sulfonylureas**
  - Gliclazide
  - Cheap
  - Effective

- **Insulin**
  - Often needed
  - Regime to suit person
  - Reduced pill burden
  - Weight gain
Pioglitazone

- Weight gain
- ? Good in lipodystrophy

SGLT2 inhibitors

- Gliflozins
- Work in the kidney to excrete glucose
- Good for the heart

GLP1 Receptor agonists

- Sema/Lira/tides
- Injections
- Weight loss
- Good for the heart
National Diabetes Audit: helping to improve diabetes care
48% of people with T2d get 8 checks
Statins and antihypertensives as important as glucose control
Gareth

101kg

- Insulin
- Metformin
- Liraglutide

91kg

- Metformin
Giang

• Picture of a slim East Asian man with marked facial lipdystrophy
Summary

• T2 Diabetes is 3x more common in PWLHIV
• May have more consequence for morbidity and mortality than HIV itself
• Prevention programmes exist
• Collaborative monitoring may improve outcomes