# How to get patients with Type 2 Diabetes to accept a GLP-1RA: GP’s top tips



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Talking to patients about the “legacy effect” is a key way to help patients with type 2 diabetes (T2D) overcome their hesitancy to start taking a GLP-1 RA\* 2nd line after metformin, according to Dr Anita Sharma, practice principal at the Platinum Medical Centre in Chermside, Queensland.

GLP-1 RA therapy is recommended for the early treatment of T2D as a second-line option after metformin, yet many GPs hesitate to introduce it to their patients.1,2

“GPs tend to reserve GLP-1 RAs as a last resort. This could be because they are unfamiliar with them and don’t feel confident in using them, or, because GLP-1 RAs have to be injected, GPs may have the perception that their patients are reluctant to even consider them,” says Dr Sharma, who is also a senior lecturer at the School of Clinical Medicine – Primary Care Clinical Unit at the University of Queensland.

Given that RACGP guidelines encourage patient-centred care that is “respective and responsive to patient preferences” and “treats them as partners in their own healthcare”,1 what can GPs do to ensure their patients with T2D receive optimal treatment?

Dr Sharma shares some of her practice tips to assist in initiating a GLP-1 RA.

**1. Emphasise the legacy effect of early HbA1c control**

In her practice, Dr Sharma introduces the legacy effect to help patients “get over the line.”

“I tell them that they need to control their HbA1c now to avoid complications later,” she says.

“To get patients on board, I think it’s very important to educate patients early in their journey of T2D about the progressive nature of the disease and the future need for regular reviews of medications, which will involve escalation of therapy, sometimes the addition of other agents or sometimes a change of therapies.

“I will then reiterate the benefits of early, good control and say what’s in it for them. I tell them: ‘If we control your diabetes well today, we can perhaps avoid complications tomorrow.’

“If you get them to agree that they want to avoid serious complications such as heart attack or stroke2,3,4 – if the patient sees that there could be benefits long-term – you’ll find they’re much more agreeable.”

**2. Don’t reserve GLP-1 RAs as a last resort**

“Many GPs don’t have familiarity with GLP-1 RAs and may not be aware they can be used sooner and more often than they think,” says Dr Sharma. “I use them in a wide variety of patients [with T2D] if their HbA1c is not at target after metformin.”

For GPs reluctant to introduce a GLP-1 RA, Dr Sharma says: “Think of these drugs early because the arrival of GLP-1 RAs has enabled a paradigm shift in the management of T2D, where we are addressing the core defects in this disease and offering benefits for patients that go beyond glucose-lowering.1-4

GLP-1 RAs not only address glycaemic control but address other comorbidities such as increased bodyweight, she says.1-3

“Look at the clinical considerations of the patient in front of you, who needs more than glycaemic control and who may need assistance with weight loss – and in alignment with guidelines, we should also consider their cardiovascular risk.” 1-4

The GLP-1 RA Ozempic® (semaglutide) has proven efficacy and safety in a wide range of patients with T2D3, and can be used:
• regardless of baseline HbA1c (≥7%), so it can be started early or late in your patient’s T2D journey, in line with clinical guidelines5
• regardless of T2D duration5
• regardless of bodyweight3,5,6
• in patients with, or at risk of, cardiovascular disease3,4
• in mild or moderate renal impairment (CrCL >30 mL/min)3
• across age groups, including the elderly.3

Dr Sharma says: “Remember we have PBS reimbursement to use this second-line, in combination with metformin or with sulfonylurea, and we can also use it with insulin for patients who are struggling with glycaemic control despite being on insulin, so there’s a wide application of this medication.”7

**3. Consider who is suitable for Ozempic®**

“Any patient who is not on target on first-line therapy (metformin or sulfonylurea) can be considered for this therapy,” says Dr Sharma.

“Consider patients who are not at target, have got issues with weight, who have established cardiovascular disease or are at risk of cardiovascular disease, and any patient who wants to avoid the risk of hypoglycaemia – these are all very suitable patients for this medication.”3,4

“The question I would ask is: ‘Why shouldn’t I prescribe it?’.”

Ozempic® can be used with no dosage adjustment for patients with hepatic or renal impairment, and in elderly patients (over 65 years), although experience in those over 75 years is lacking.3

Experience with Ozempic® in patients with severe renal impairment (CrCL <30 mL/min) is limited. Ozempic® is not recommended for use in patients with end-stage renal disease.3

It should be used with caution in patients with a history of pancreatitis or who have diabetic retinopathy and are being treated with insulin.3

**4. Overcome needle hesitancy with a simple demonstration**

“Many GPs think their patients are going to baulk at the mention of an injection,” says Dr Sharma, who has found ways to overcome patient resistance, such as simply demonstrating the delivery pen to show patients how easy it is to inject Ozempic®.

She says: “I point out that this is not insulin; this is a once-a-week injection which is easy to administer.3 When you show them how to inject using a dummy pen, my patients are often surprised and say ‘Oh that didn’t hurt at all!’. This definitely helps to get them over the line, and most say they are happy to give it a go.”

**5. Talk about the weight loss advantage for those who need it**

“Ozempic® has a potent HbA1c-lowering effect, and I see a generally greater weight loss with this agent compared to some of the other GLP-1RAs,” says Dr Sharma.3,8

“Quite a few of my patients have come back very happy and delighted with the weight loss. For the patient, weight loss matters most – they’re not so focused on the HbA1c because they’re not measuring it but they can see the effect on their weight.

“If they are monitoring their glucose, they find that their glucose levels are dropping and they feel so much better. They feel happy and proud that they are achieving good control and it makes them confident that they can manage their diabetes better. Before, they may have been feeling like a failure so this positive impact on the patient’s wellbeing, their confidence, and their body image is really important for them.”

Ozempic® is not indicated for weight lowering, and only approved for use in adults with insufficiently controlled type 2 diabetes.

**6. Talk about side effects and how to manage them**

“I tell patients that Ozempic® is not insulin, it has a relatively low side effect profile and we can overcome side effects. I tell them nausea [a common side effect] is transient and often will wear off.3

“Forewarned is forearmed, and by fully informing patients about what to expect, they can prepare, and this fosters greater adherence, and better success.”

According to Dr Sharma, another advantage of Ozempic® in particular is that it’s available in different dosages, enabling GPs to start low and then titrate to help minimise nausea in patients who have this problem.3,8

“With a low risk of hypoglycaemia, Ozempic® is a very attractive option for patients and for doctors. And it offers great efficacy in lowering HbA1c and helping with weight, so it’s got all the benefits I would like in a drug for treating T2D.”3



\* GLP-1 RA, glucagon like peptide-1 receptor agonist.

**References: 1.** RACGP and Diabetes Australia. Management of type 2 diabetes: A handbook for general practice. Melbourne: The Royal Australian College of General Practitioners and Diabetes Australia, July 2020. **2.** Australian Diabetes Society. Australian Type 2 Diabetes Glycaemic Management Algorithm, October 2021. Available at: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://diabetessociety.com.au/downloads/20211014%20T2D%20Management%20Algorithm.pdf Accessed 16/2/23. **3.** Ozempic Approved Product Information, February 2023. Available at: https://www.novonordisk.com.au/content/dam/nncorp/au/en/pdfs/Ozempic-pi.pdf Accessed 15/2/23. **4.** Marso SP et al. N Engl J Med 2016;375:1834-44. **5.** Aroda VR et al. Diabetes Obes Metab 2020;22:303–314. **6.**Ahren B et al. Diabetes Obes Metab 2018;20(9):2210-2219. **7.** Pharmaceutical Benefits Scheme. Semaglutide. Available at: https://www.pbs.gov.au/medicine/item/12075M-12080T Accessed 15/2/23. **8.** Pratley RE et al. Lancet Diabetes Endocrinol. 2018 Apr;6(4):275-286.

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Please review full PI before prescribing. Full PI is available [here](https://url.avanan.click/v2/___https%3A//www.novonordisk.com.au/content/dam/nncorp%20/au/en/pdfs/Ozempic-pi.pdf___.YXAzOmhsZTphOm86OWE4NzhkNzc3MzhkMzQ1ODQ4MzE1NDFhZjZmYzc5MGY6Njo3ZGFjOmEyMjA1YjM4OTNlYzIzMjRjZmRhYzlkNDQzZmIyNDc5M2RkOGNjMTdhMzNlMTc2MzViMWRhNjA0YWYyMDNiNTg6cDpU) or at https://www.novonordisk.com.au/content/dam/nncorp/au/en/pdfs/Ozempic-pi.pdf. Further information is available on request from Novo Nordisk.

 This medicinal product is subject to additional monitoring in Australia. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse events at www.tga.gov.au/reporting-problems.

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| **PBS Information: Authority Required (STREAMLINED). Type 2 diabetes. Criteria Apply. Refer to PBS Schedule for full Authority Required Information.** |

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