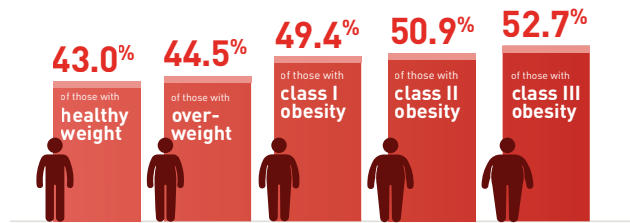# Type 2 diabetes is about more than just glycemic control[1,2]

Weight management in support of glycemic control matters in T2D

Each increased BMI category is associated with a **higher proportion of patients with A1C ≥7%**[3]

An **A1C of ≥7%** was seen within[3*†]

43.0% of those with **healthy weight**

44.5% of those with **over-weight**

49.4% of those with **class I obesity**

50.9% of those with **class II obesity**

52.7% of those with **class III obesity**

Consider **the risk** of T2D complications

Higher BMI pre-T2D diagnosis is associated with both higher A1C levels and increased risk of T2D complications[3,4]

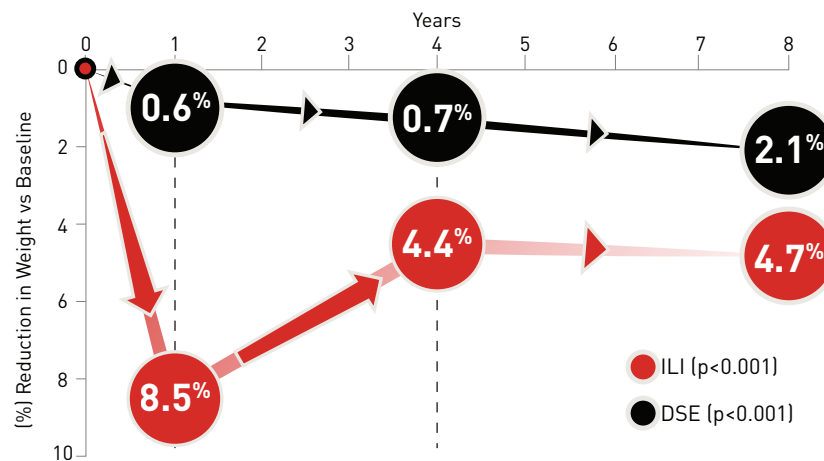The **risk of vascular complications increases** with each **5 kg/m²** increment in BMI[4‡]

Assess **barriers** to weight management in T2D

Many patients with T2D struggle to achieve and maintain meaningful weight loss[5-11]

Mean change in weight over time[§]

Years: 0 1 2 3 4 5 6 7 8

[%] Reduction in Weight vs Baseline

- 0.6% (DSE)
- 0.7% (DSE)
- 2.1% (DSE)
- 8.5% (ILI)
- 4.4% (ILI)
- 4.7% (ILI)

● ILI (p<0.001)
● DSE (p<0.001)

As little as **3%** weight loss is associated with metabolic adaptation, which can make continued achievement and **maintenance of weight loss a challenge**.[12-15]

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*The study utilized data from IBM® MarketScan® Explorys® Claims-EMR Database. Data presented is from 2019 (n=13,755).[3]

†Obesity is frequently subdivided into categories: Class I: BMI of 30 to <35 kg/m²; Class II: BMI of 35 to <40 kg/m²; Class III: BMI of ≥40 kg/m². Class III obesity is sometimes categorized as "severe" obesity.[16]

‡EPIC-Potsdam study: Association of microvascular complications with pre-diagnosis BMI in patients with T2D. Microvascular complications: 21% higher risk per 5 kg/m² (HR, 1.21; 95% CI, 1.07–1.36), kidney disease: 39% higher risk per 5 kg/m² (HR, 1.39; 95% CI, 1.21–1.60), neuropathy: 12% higher risk per 5 kg/m² (HR, 1.12; 95% CI, 0.96–1.31). This model was adjusted for age, sex, education, smoking status, smoking duration, physical activity, alcohol consumption, MedPyr score, family history of diabetes, myocardial infarction, and stroke.[4]

§The Look AHEAD study assessed the effects of intentional weight loss achieved through ILI on CV morbidity and mortality. A total of 5145 eligible adult men and women 45 to 75 years of age with T2D and a BMI ≥25 kg/m² (BMI ≥27 kg/m² in patients taking insulin) were randomly assigned to ILI or usual care (i.e., diabetes support and education) after a median follow-up of 9.6 years. The Look AHEAD trial was stopped due to futility analysis with no demonstrated significant intergroup difference in the primary CV outcome.[9,10]

AHEAD=Action for Health in Diabetes; BMI=body mass index; CI=confidence interval; CV=cardiovascular; DSE=diabetes support and education; HR=hazard ratio; ILI=intensive

Understand **the benefits** of early glycemic control and weight management in T2D

In the UKPDS, early intensive glycemic control[II] (A1C of <7%) was associated with a **reduction in long-term risk of complications** in patients with T2D[17,18]

25% lower risk of microvascular complications
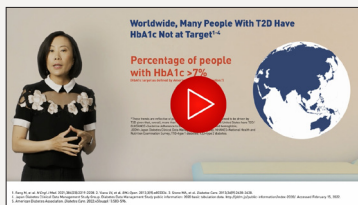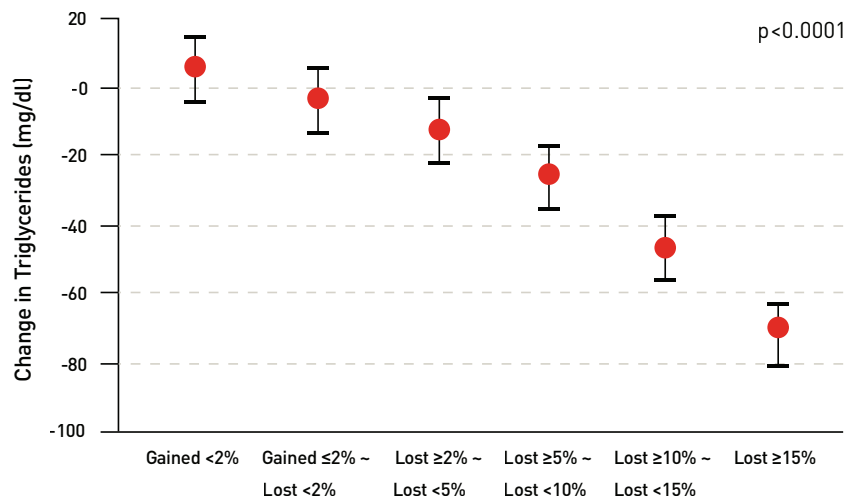
12% lower risk of diabetes-related endpoints

10% lower risk of diabetes-related death

6% lower risk of all-cause mortality

Weight loss from ≥2% to ≥15% is associated with **significant improvements** in T2D-related risk factors[19¶]:

Figure: Change in Triglycerides (mg/dl) vs weight categories. p<0.0001. Categories: Gained <2%, Gained ≤2% ~ Lost <2%, Lost ≥2% ~ Lost <5%, Lost ≥5% ~ Lost <10%, Lost ≥10% ~ Lost <15%, Lost ≥15%.

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[II]Early intensive glycemic control was with sulfonylurea, insulin, or metformin compared with conventional dietary therapy.

[¶]Observational analysis of participants in the Look AHEAD study: Association between the magnitude of weight loss and changes in T2D-related risk factors at 1 year. Incremental increases in weight loss from ≥2% to ≥15% are associated with improvements in T2D-related risk factors, including glycemic control, systolic blood pressure (SBP), diastolic blood pressure (DBP), high-density lipoprotein cholesterol (HDL-C), and triglycerides.[19]

UKPDS=United Kingdom Prospective Diabetes Study.

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