



## In Obesity

### Diabetes in India

ALMOST 70% OF THE INDIAN POPULATION WITH DIABETES ARE OVERWEIGHT OR OBESE.

THE ODDS RATIO FOR OBESE PEOPLE TO HAVE DIABETES IS 1.143

OBESEITY CONTRIBUTES TO 36% OF THE OVERALL DIABETES DISABILITY ADJUSTED LIFE YEARS IN INDIA

PREVALENCE OF ASCVD WITHIN THE DIABESITY POPULATION IS HIGH.

EVEN 5% REDUCTION OF THE EXISTING WEIGHT CAN LEAD TO REDUCTION IN HYPERTENSION AND HYPERGLYCEMIA.

LOSING 10-15% OF THE EXISTING WEIGHT CAN PREVENT CVD, OSAS, OA, GERD, NASH, AND EVEN CAUSE DIABETES REMISSION.

THE PARADIGM SHIFT THEREFORE IN THE MANAGEMENT OF DIABETS IS FROM GLUCO CENTRIC APPROACH TO VASCULO-GLUCO CENTRIC.

CHOOSING THE ANTI HYPERGLYCEMIC AGENT FOR THE PATIENT IS NOW BASED ON HITTING THE MAXIMUM NUMBER OF UNDERLYING PATHOGENETIC DEFECTS.

THE MUCH-PROCLAIMED LEADER TRIAL, EMPAREG TRIAL, PIONEER TRIAL HAVE TILTED THE GRAPH TO SGLT2I AND GLP1RA

GLP1RA HAVE ANTI INFLAMMATORY, ANTIATHEROSCLEROTIC AND DISEASE MODIFYING ROLE. WITH THE ADVENT OF ORAL GLP1 – RA, THEY HAVE BECOME ALMOST THE FIRST LINE OF MANAGEMENT OF DIABESITY.

THE ADA 2021 GUIDELINES CLEARLY STATE THAT IRRESPECTIVE OF THE HBA1C STATUS, IF THE PATIENT HAS ESTABLISHED CVD, THEN HE OR SHE MUST BE ON EITHER SGLT2I OR GLP1RA OR MAY BE BOTH.

IN CASE OF PATIENTS WITH CVD AND WELL MANAGED HBA1C WITH DUAL OR MULTIPLE ANTIHYPERGLYCEMICS, ONE OF WHICH IS NOT SGLT2I OR GLP1RA, THEN SWITCH THE PATIENT TO EITHER OF THE TWO MOLECULES.

*Dr. Minal Mohit*