The overall goal of this initiative was to educate primary healthcare professionals involved in the care of patients with T2D. Based on the results of this analysis, future education is needed regarding the appropriate use of GLP-1 receptor agonists in patients with T2D based on clinical trial data.\footnote{Significant improvements were found as a result of participation in the educational intervention.} In a recent survey of US PCPs, only 20% of respondents agreed that they were familiar with incretin-based therapy. Therefore, some 48,000 patients who would be appropriate to consider incretin-based therapy are seen each week by participating physicians and could potentially benefit from improved awareness-based care.

**Table 1: Demographics of Participants**

<table>
<thead>
<tr>
<th>Variable</th>
<th>US PCPs Pre</th>
<th>US PCPs Post</th>
<th>OUS PCPs Pre</th>
<th>OUS PCPs Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>50</td>
<td>50</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Gender (M/F)</td>
<td>60/40</td>
<td>60/40</td>
<td>60/40</td>
<td>60/40</td>
</tr>
<tr>
<td>Years in practice</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>PCP specialty</td>
<td>20% family</td>
<td>20% family</td>
<td>20% family</td>
<td>20% family</td>
</tr>
<tr>
<td>Education level</td>
<td>40% BA</td>
<td>40% BA</td>
<td>40% BA</td>
<td>40% BA</td>
</tr>
</tbody>
</table>

**Question 1:** Which of the following options would be most likely to assist the patient in reaching a target HbA1c level of 7% or less?

- Adding pioglitazone to his current regimen
- Adding metformin to his current regimen
- Adding insulin to his current regimen
- Adding sulfonylurea to his current regimen

**Question 2:** Which of the following would be most effective in limiting the nausea that can occur with GLP-1 receptor agonists?

- Lower doses of the GLP-1 receptor agonist
- Higher doses of the GLP-1 receptor agonist
- Injecting the GLP-1 receptor agonist as close to a large meal as possible
- Injecting the GLP-1 receptor agonist as close to sunset as possible

**Case 1:**

*Type 2 diabetic patient was diagnosed with T2D two years ago when he reported nocturia at a work physical and had a random glucose of 295 mg/dL. He has a BMI of 31 kg/m² and HbA1c was 7.7% with BMI of 31 kg/m². At that time he was being managed on metformin and detemir insulin only, as pioglitazone is not appropriate due to his significant GI disturbances. However, he has had significant GI disturbances, and you recommend stopping his metformin. His physical examination is normal, and his chart shows that he had been well controlled for many years on metformin, pioglitazone, and detemir insulin. One year ago his HbA1c was 6.5%, and his weight had increased. One year before that, his HbA1c was 7.2% and BMI was 29 kg/m².*

**Question 1:** What is the most likely reason for the recent increase in his HbA1c level?

- Increased body weight
- Decreased physical activity
- Increased dietary carbohydrates
- Increased physical activity

**Case 2:**

*Type 2 diabetic patient was diagnosed with T2D at age 50. His current regimen is metformin and insulin glargine. His HbA1c is 9.2%, and his weight is 85 kg. He has a BMI of 32 kg/m². He reports feeling tired and has had no recent changes in his diet or exercise regimen.*

**Question 1:** What is the most likely reason for his recent increase in HbA1c level?

- Increased body weight
- Decreased physical activity
- Increased dietary carbohydrates
- Increased physical activity

**Conclusions:**

This study demonstrated that a targeted educational intervention can improve the knowledge, confidence, and performance of US and OUS PCPs in the use of GLP-1 receptor agonists in patients with T2D. Based on the results of this analysis, future education is needed regarding the appropriate use of GLP-1 receptor agonists in patients with T2D. The educational intervention appears to be an effective treatment tool that can improve awareness and basic skills to optimize glycemic control.

**SOURCE OF SUPPORT:**

The CME certified activity was supported by an independent, non-academic grant from Sanofi.