Case (1):

A 56-year-old man was recently given a diagnosis of type 2 DM. He has no other chronic diseases or history of cardiovascular disease. His current vital signs and laboratory results are as follows: blood pressure 148/78 mm Hg, A1C 6.9%, LDL-C 112 mg/dL, and TG 174 mg/dL. Which is considered under good control and meeting general recommended values?

A. Blood pressure.
B. A1C.
C. LDL-C.
D. TG.

Case (2):

A 52-year-old woman received a diagnosis today of type 2 DM. Her A1C is 7.8%, and her FBG is 186 mg/dL. She has no other chronic disease states or history of cardiovascular disease. According to the current ADA guidelines, which would be considered the best initial treatment of choice for this patient?

A. Implement changes in lifestyle (diet and exercise), and initiate metformin 500 mg once daily and insulin glargine 10 units once daily.
B. Implement changes in lifestyle (diet and exercise), and initiate metformin 500 mg once daily.
C. Implement changes in lifestyle (diet and exercise), and initiate sitagliptin 100 mg once daily.
D. Implement changes in lifestyle (diet and exercise), and initiate insulin glargine 10 units once daily.
Case (3):

A 66-year-old man has had type 2 DM for 4 years and has a history of pancreatitis. His A1C today is 7.7%. He has altered his diet, and he states that he has been exercising regularly for months now. His currently is receiving metformin 1000 mg twice daily. Which would be the best choice to help optimize his glycemic control?

A. Continue current medications and counsel to improve his diet and exercise.
B. Discontinue metformin and initiate exenatide 5 mcg twice daily.
C. Add sitagliptin 100 mg once daily to his metformin therapy.
D. Add glyburide 5 mg twice daily to his metformin therapy.

Case (4):

A 66-year-old man is given a diagnosis today of type 2 DM. Two weeks ago, his A1C was 7.5%, and his serum creatinine was 1.8 mg/dL (estimated CrCl 25 mL/minute). He has a history of hypertension, dyslipidemia, and systolic heart failure (New York Heart Association class III, ejection fraction 33%). He has 2+ pitting edema bilaterally. In addition to improvements in diet and exercise, which is the best drug to initiate?

A. Linagliptin.
B. Pioglitazone.
C. Exenatide.
D. Metformin
Case (5):

A male patient (weight 238 Ib) with newly diagnosed T2DM has an HbA1C today of 11.2%. You have charged by the endocrinologist to develop an insulin-only medication strategy to aid in the control of the patient's hyperglycemia using basal/bolus insulin. Calculate this patient's basal, bolus and correctional insulin needs and design an appropriate initial regimen for him.