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DIAGNOSTICS

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OUTLINE

- 1. Definitions
- 2. Goals of treatment
- 3. Monitoring
- 4. Toujeo
- 5. Senvelgo

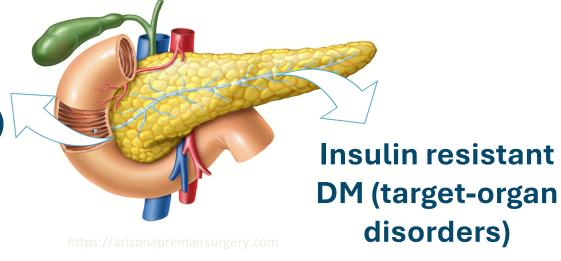


DEFINITION

Diabetes mellitus (DM) is characterized by hyperglycaemia resulting from inadequate insulin secretion, inadequate insulin or both.

Clinical signs include polyuria, polydipsia, polyphagia and weight loss.

Insulin deficient DM (beta-cell-related disorders)





GOALS OF DIABETIC TREATMENT

- Avoid hypoglycaemia
- Prevent diabetic ketoacidosis
- Prevent excessive weight loss
- Reduce PU/PD to an acceptable level
- Euglycaemia –diabetic remission if realistic
 - Avoid Euthanasia

DIABETIC REMISSION (CATS)

- Remission rates vary depending on study (~30-50%)
- Specific insulin formulation is more likely to lead to remission? → insufficient evidence.
- Diet is important: low carbohydrate
- Tight glycaemic control
- Achieving diabetic remission is the ideal goal to limit financial and emotional burden on owners and reduce euthanasia rate
- These cats remain metabolically abnormal

Remission ≠ equal cure Ongoing care is required





CHALLENGES OF INSULIN THERAPY



Needs to be safe, effective and sustainable



Limitations of available insulin formulations – there is no perfect insulin



Stress on caregiver – pet owner bond, costs, impact on pet and owners' quality of life







Article

The Big Pet Diabetes Survey: Perceived Frequency and Triggers for Euthanasia

Stijn J.M. Niessen ^{1,2,*}, Katarina Hazuchova ¹, Sonya L. Powney ³, Javier Guitian ⁴, Antonius P.M. Niessen ⁵, Paul D. Pion ⁶, James A. Shaw ² and David B. Church ¹

Academic Editor: Patrick Butaye

Received: 17 January 2017; Accepted: 10 May 2017; Published: 14 May 2017

Up to 30% of cats are euthanased within 1 year of being diagnosed with diabetes.

















- Clinical signs
- Fructosamine?
- Blood glucose curves
- Continuous interstitial glucose monitoring

FACTOR	
Unintended Weight Loss	
0 = None, or gained since last examined 1 = Mild (<5% loss) 2 = Moderate (5-10% loss) 3 = Severe (>10% loss)	
Polyuria and polydipsia	
0 = Normal 1 = Mild (some increase noted by owner) 2 = Moderate (increased filling of water bowl) 3 = Severe (constantly at bowl)	
Appetite	
0 = Normal or decreased appetite (if decreased appetite exclude DKA or concurrent disease) 1 = Mild polyphagia (finishes eagerly) 2 = Moderate polyphagia (finishes eagerly and begs for more) 3 = Severe polyphagia (obsessed with food)	
Attitude/activity	
0 = Normal 1 = Mild decrease (a bit less running and jumping) 2 = Moderate decrease (a lot less running and jumping) 3 = Severe decrease (lying about all the time) (*consider DKA in the ill patient with diabetes mellitus)	•••
TOTAL SCORE	

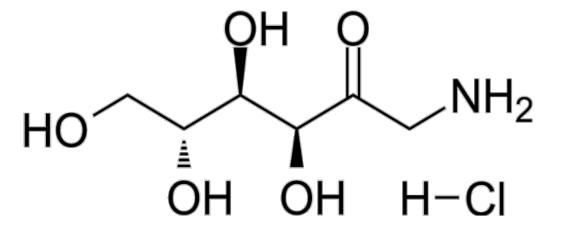


ESVE

European Society of Veterinary Endocrinology



FRUCTOSAMINE?

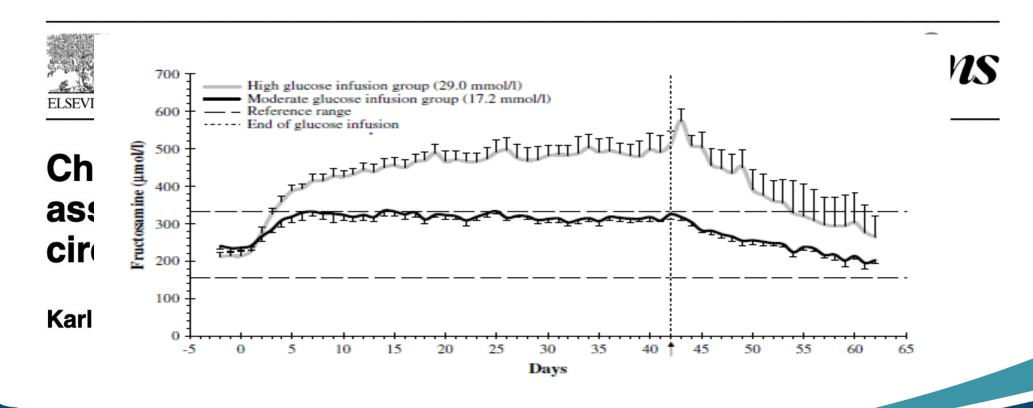






FRUCTOSAMINE

Journal of Feline Medicine and Surgery (2008) **10**, 583–592 doi:10.1016/j.jfms.2008.08.005





FRUCTOSAMINE

Received: 14 October 2020

Revised: 12 January 2021

Accepted: 12 February 2021

DOI: 10.1002/vetr.244

ORIGINAL RESEARCH

Vet Record

Evaluation of fructosamine concentration as an index marker for glycaemic control in diabetic dogs

Florian K. Zeugswetter¹ Raphael Beer¹ Ilse Schwendenwein²

Fructosamine did not correlate with mean interstitial glucose Fructosamine did not differ between dogs with and without hypoglycaemic episodes



Fructosamine has moderate clinical utility but if there are discordant clinical signs or concerns of hypoglycaemia continuous glucose monitoring is recommended

Received: 17 March 2022

Revised: 29 August 2022 | Accepted: 7 September 2022

DOI: 10.1002/vetr.2236

ORIGINAL RESEARCH

Vet Record

Clinical utility of serum fructosamine in long-term monitoring of diabetes mellitus in dogs

Sharon Kuzi

Michal Mazaki-Tovi

Wiessam Abu Ahmad

Yael Ovadia

Itamar Aroch



GLUCOSE CURVES

















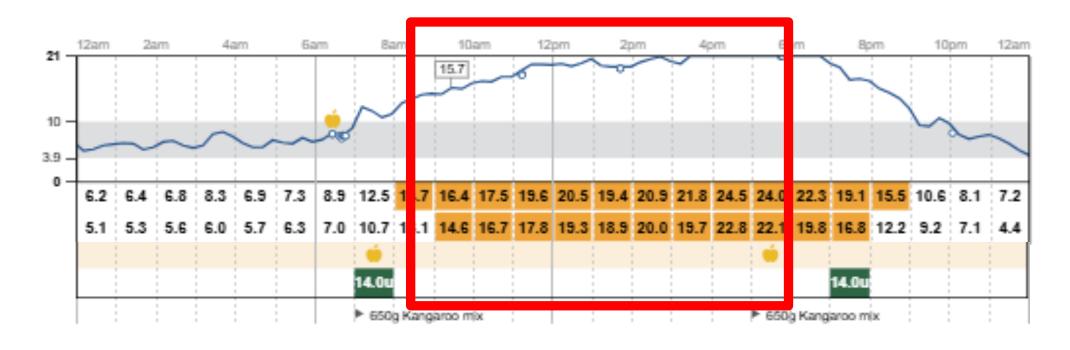




GLUCOSE CURVES



LibreView





Received: 1 February 2020

Accepted: 25 September 2020

DOI: 10.1111/jvim.15930

STANDARD ARTICLE



Comparison between a flash glucose monitoring system and a portable blood glucose meter for monitoring dogs with diabetes mellitus



```
Francesca Del Baldo<sup>1</sup> | Claudia Canton<sup>1</sup> | Silvia Testa<sup>1</sup> | Harry Swales<sup>2</sup> | Ignazio Drudi<sup>3</sup> | Stefania Golinelli<sup>1</sup> | Federico Fracassi<sup>1</sup> |
```

Good concordance between insulin dose recommendations based on the freestyle monitors and peripheral blood glucose Freestyle monitors allow more accurate identification of nadir, hypoglycaemic episodes & assessment of day-to-day variations





Original Article





Evaluation of the FreeStyle Libre, a flash glucose monitoring system, in client-owned cats with diabetes mellitus

Journal of Feline Medicine and Surgery 2022, Vol. 24(8) e223–e231

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Marieke Knies^{1,2}, Erik Teske² and Hans Kooistra²







70% cats did not have a reaction to sensor placement
Minimal skin reactions
Satisfied owners
Median lifespan of the sensor was 10 days
Good correlation between interstitial and blood glucose measurements



Journal of Feline Medicine and Surgery

Original Article

Evaluation of the FreeStyle Libre, a flash glucose monitoring system, in client-owned cats with diabetes mellitus Journal of Feline Medicine and Surg 2022, Vol. 24(8) e223-e231 © The Author(s) 2022 Article reuse guidelines: sagepub.com/journals-permissions DOI: 10.1177/1098612X221104051 journals.sagepub.com/home/jfm

This paper was handled and processed by the European Editorial Office (ISFM) for publication in *JFMS*

(\$)SAGE

Marieke Knies^{1,2}, Erik Teske² and Hans Kooistra²







NON-INSULIN HYPOGLYCAEMIC AGENTS









s/ml

r injection in a pre-filled pen

glaRGine

SANOFI 3

300 units/ml
solution for injection in a pre-filled pen
insulin glargine

SANOFI 3

















Subcutaneous use

Toujeo solostar

300 units/mil tajection
Invalin glassine

Shutterstock Video

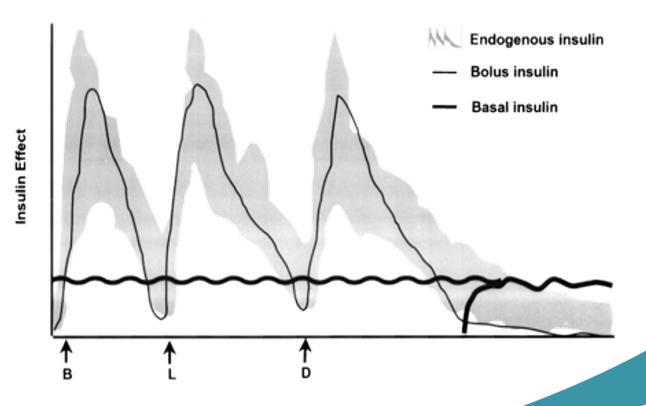
Subcutaneous use



INSULIN SECRETION

Endogenous insulin is secreted in 2 phases:

- Basal phase: insulin is secreted at a relatively constant rate
- Bolus phase: insulin is secreted in response to absorption of nutrients during a meal



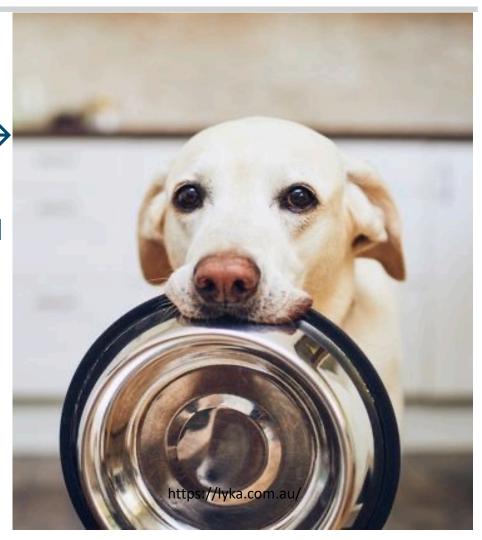




TOUJEO

- More flexible feeding options
- Still recommend diabetic friendly diets

 e.g. lower carbohydrate/wet food diets
- Good glycaemic control can be achieved with basal insulin alone
- Meals can be skipped without risking hypoglycaemia = decreased stress for owners





IMPORTANT

Received: 15 November 2023

Accepted: 1 May 2024

DOI: 10.1111/jvim.17106

STANDARD ARTICLE

Journal of Veterinary Internal Medicine ACVIM





A dose titration protocol for once-daily insulin glargine 300 U/ mL for the treatment of diabetes mellitus in dogs

Antonio Maria Tardo 1 | Linda Mary Fleeman 2 | Federico Fracassi 1 | | Alisa Saule Berg³ | Aria L. Guarino^{3,4} | Chen Gilor³





Starting dose: 0.5iu/kg SC SID if newly diagnosed

Add 33% to previous insulin dose, rounded down to nearest unit if previously treated with another insulin

Excellent glycaemic control in 65%, good in 26%, moderate in 7%, poor in 1 dog

No differences in levels of glycaemic control between dogs with and without concurrent diseases

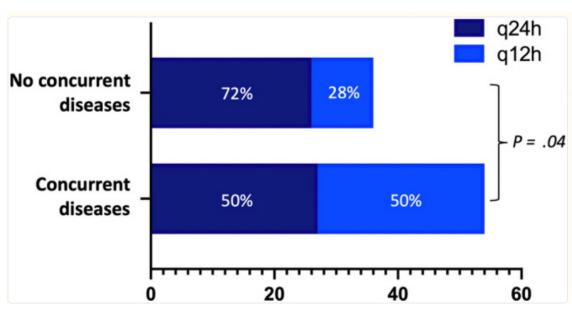
Median time to achieve glycemic control was 16 days.

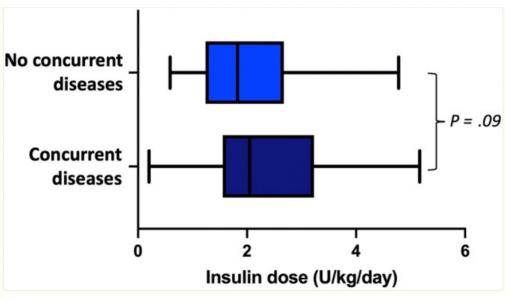
Clinical hypoglycaemia in 6% dogs. Most episodes were mild but seizures possible

No dogs developed DKA during the study period





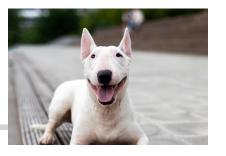




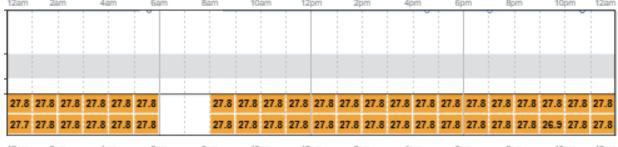


IG nadir		Recommended dose adjustments for	
and/or mean	Graphic illustration of interstitial glucose pattern	Dogs >8 kg	Dogs <8 kg
Nadir 150-350 mg/ dL (8.3-19 mmol/ L)		↑10%-30% q24h	↑1 U q24h
Nadir 80-150 mg/ dL (4.4-8.3 mmol/L), or nadir <80 mg/ dL (<4.4 mmol/L) and mean IG >120 mg/dL (>6.6 mmol/L)	Scenario 1 (F) 300 Scenario 2 (F) 300 Scenario 2 (F) 300 Figure post injection (hours) Scenario 2 Time post injection (hours)	Switch to q12h dosing (with a 30% dose reduction per injection) and reevaluate the following 3-5 days. Adjust Toujeo dose to achieve nadir between 90 and 300 mg/dL (5-17 mmol/L)	
	Scenario 3 All KG < 180 mg/dl (10 mmol/L) 12 12 Time post injection (hours)	No change	
	10 Scenario 4 Scenario 5 Scenario 6 Scenario 6	 Maintain IGla300 q24h and add meal- Scenario 4: at hours 0 and 12 Scenario 5: at hour 12 Scenario 6: at hour 0 OR changing the timing and/or quantit 	
Nadir <80 mg/dL (<4.4 mmol/L) and mean IG <120 mg/dL (<6.6 mmol/L)		↓10%-30% q24h	↓1 U q24h

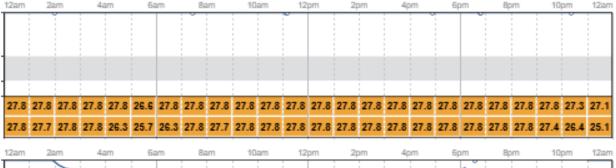




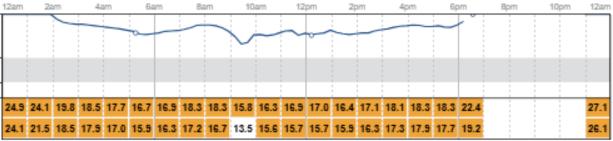
Toujeo day 1 15iu SID



Toujeo day 2 15iu SID



Toujeo day 3 18IU SID



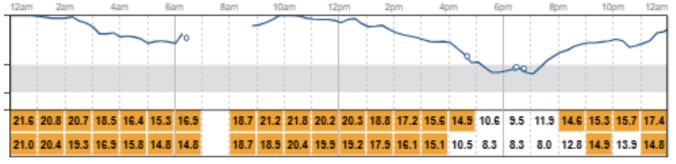
Step 1: Increase toujeo q24h if glucose >19mmol/L

Step 2: Nadir 8.3-19mmol/L Monitor for q3-5d

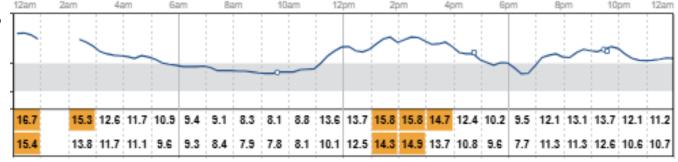






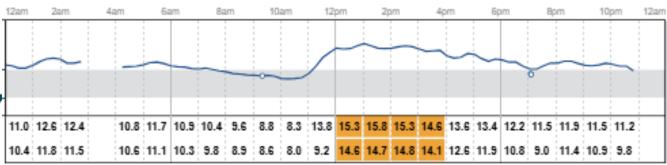


Toujeo day 7 22IU SID



Repeat step 2: Nadir 8.3-19mmol/L Monitor for q3-5d

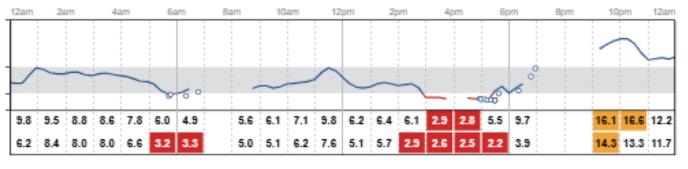
Toujeo day 10 22IU SID









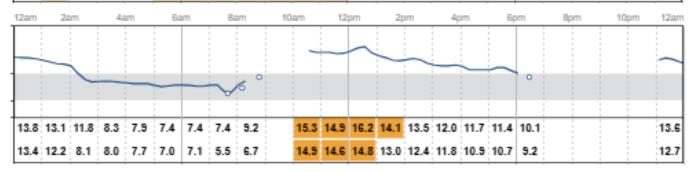


Nadir <4.4mmol/L, mean interstitial glucose <6.6mmol/L DECREASE by 10-30%

Toujeo day 12 22IU SID



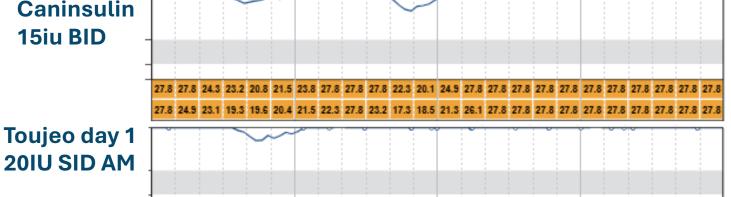
Toujeo day 14 22IU SID



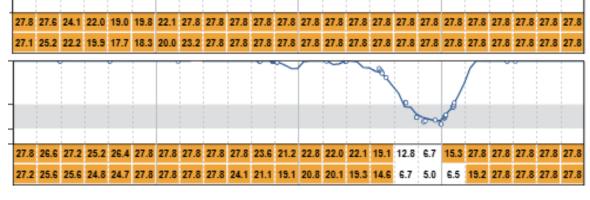








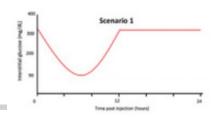
Toujeo day 5 28IU SID AM

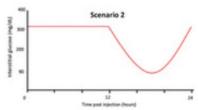


Step 1: Add 33% to previous dose of insulin

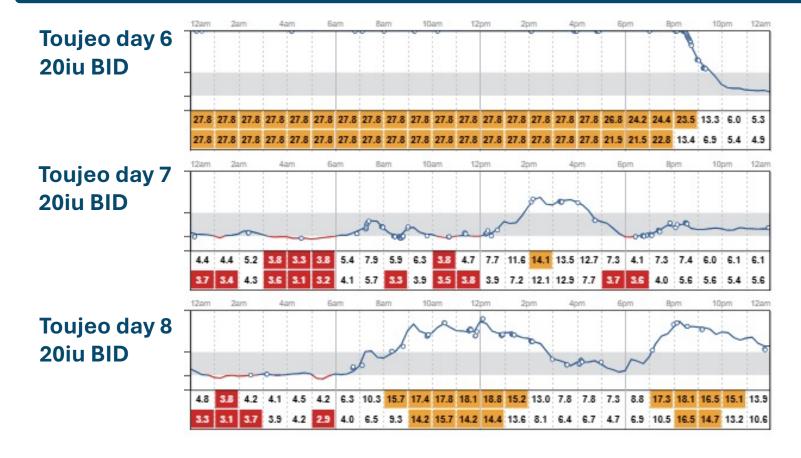
> **Step 2: Increase toujeo if** >19mmol/L daily. If nadir 8.3-19mmol/L **Monitor for 3-5 days**



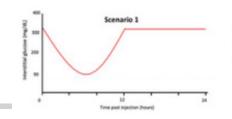




Nadir 4.4-8.3 mmol/L or nadir <4.4mmol/L and mean IG >6.6mmol/L Reduce each dose by 30% and monitor for 3-5 days.

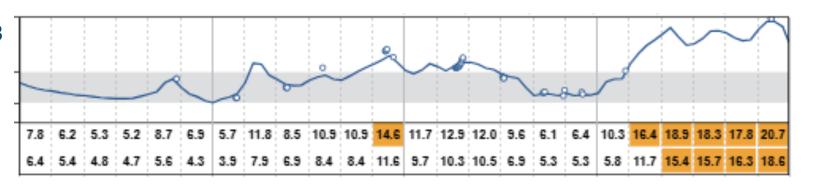








Toujeo day 13 21iu BID

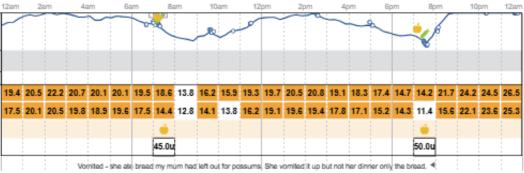


Aim to achieve a nadir of 5-17mmol/L





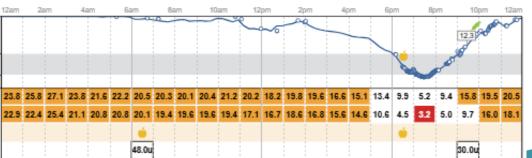




Caninsulin 20iu AM



Caninsulin 19iu AM 12iu PM

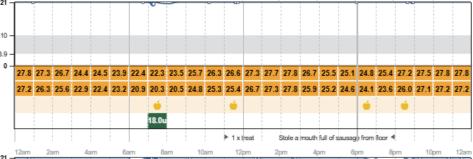




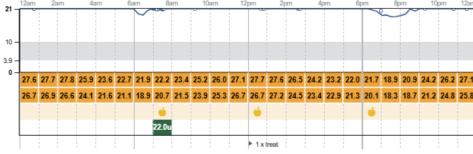




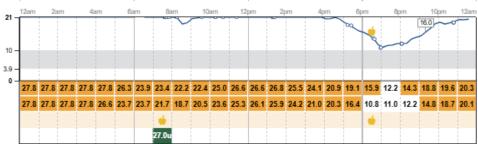




Toujeo day 2 22iu



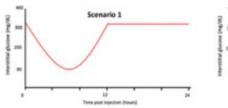
Toujeo day 3 27iu

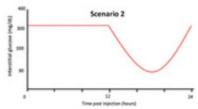


Step 1: Increase toujeo q24h if glucose >19mmol/L

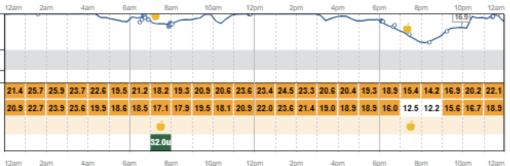
Step 2: If nadir is between 8.3-19mmol/L, monitor for 3-5 days



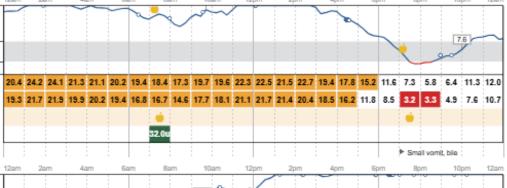




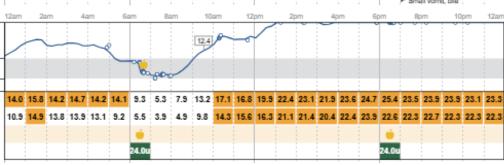
Toujeo day 6 32iu



Toujeo day 7 32iu



Toujeo day 8 24iu BID

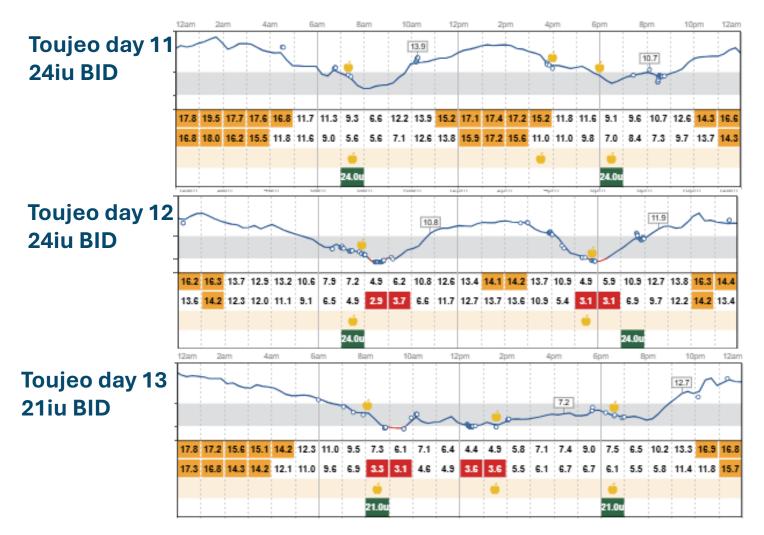


Nadir 4.4-8.3 mmol/L
or nadir <4.4mmol/L
and mean IG
>6.6mmol/L
Reduce each dose by
30% and monitor for 35 days.
Aim to achieve a nadir

of 5-17mmol/L





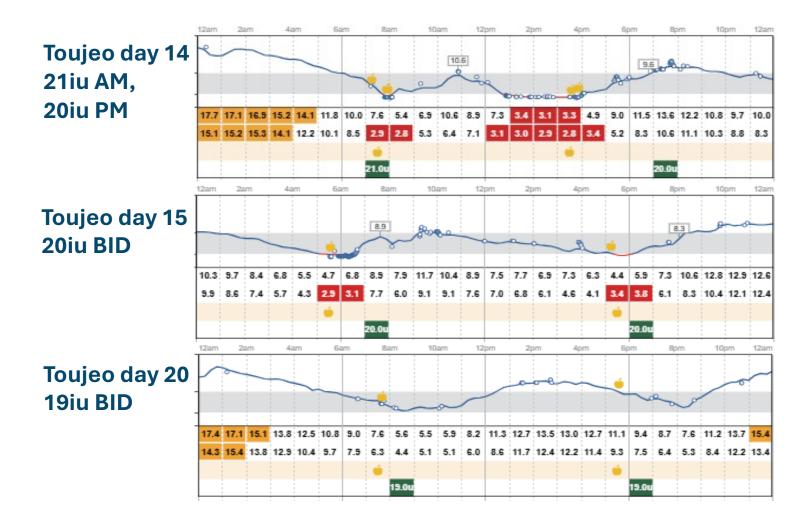


Aim to achieve a nadir of 5-17mmol/L



TOUJEO (DOGS)

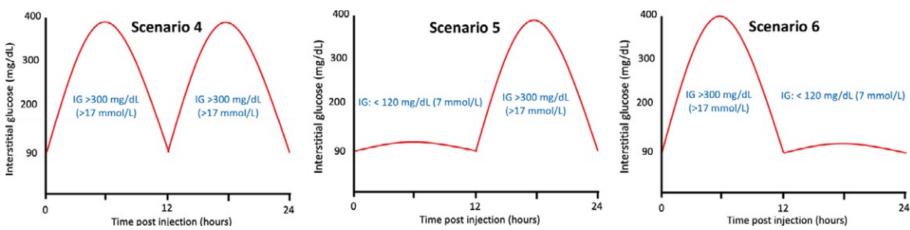




Aim to achieve a nadir of 5-17mmol/L



TOUJEO (DOGS)



Maintain q12-24h and add meal-time bolus injections or change timing/quantity fed at meals

Nadir <4.4mmol/L and mean interstitial glucose <6.6mmol/L

→ reduce by 10-30% (>8kg)/1U (<8kg)



TOUJEO (CATS)

Original Article





Insulin glargine 300 U/ml for the treatment of feline diabetes mellitus

Guido Linari¹, Linda Fleeman², Chen Gilor³, Lucia Giacomelli¹ and Federico Fracassi¹

Journal of Feline Medicine and Surgery 2022, Vol. 24(2) 168–176 © The Author(s) 2021 Article reuse guidelines: sagepub.com/journals-permissions DOI: 10.117/1098612X211013018 journals.sagepub.com/home/jfm

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Most cats do not have postprandial bolus insulin requirements, have a slow transit time, grazers and fed a low carbohydrate diet



Basal insulin negates the need for timing insulin administration to a meal



TOUJEO (CATS)

Original Article





Insulin glargine 300 U/ml for the treatment of feline diabetes mellitus

Guido Linari¹, Linda Fleeman², Chen Gilor³, Lucia Giacomelli¹ and Federico Fracassi¹

Journal of Feline Medicine and Surgery 2022, Vol. 24(2) 168–176
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At 8th BGC, there was clinical improvement in PUPD, polyphagia, weight loss and lethargy

4 cats achieved remission in < 100 days (newly diagnosed DM)



12.5% cats had biochemical hypoglycaemia

No incidences of clinical hypoglycaemia



Usage vétérinaire seulement

Pour les chats

Mise en garde : Garder hors de la portée des enfants. Voir la notice pour obtenir



Solution orale de vélagliflozine à 15 mg/mL

Usage vétérinaire seulement

Pour les chats

Mise en garde : Garder hors de la portée des enfants. Voir la notice pour obtenir



DIN 0254.



Shutterstock Video

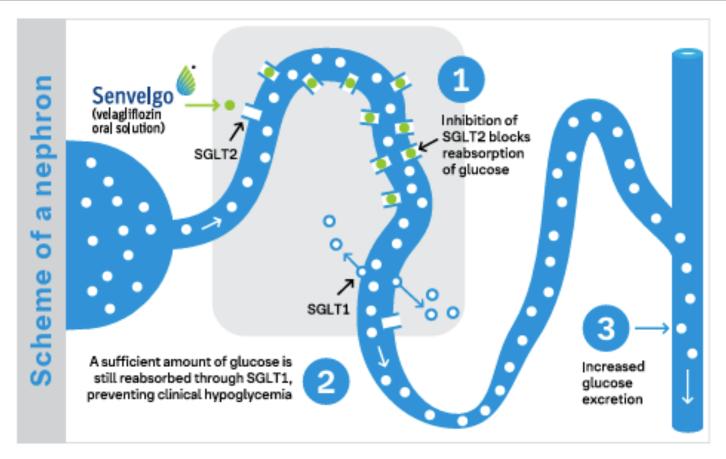














Velagliflozin is an orally administered sodiumglucose cotransporter-2 inhibitor (SGLT2 inhibitor).





GLUT1

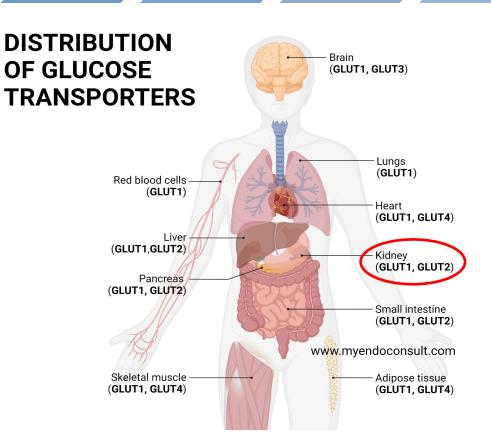
GLUT2

GLUT3

GLUT4

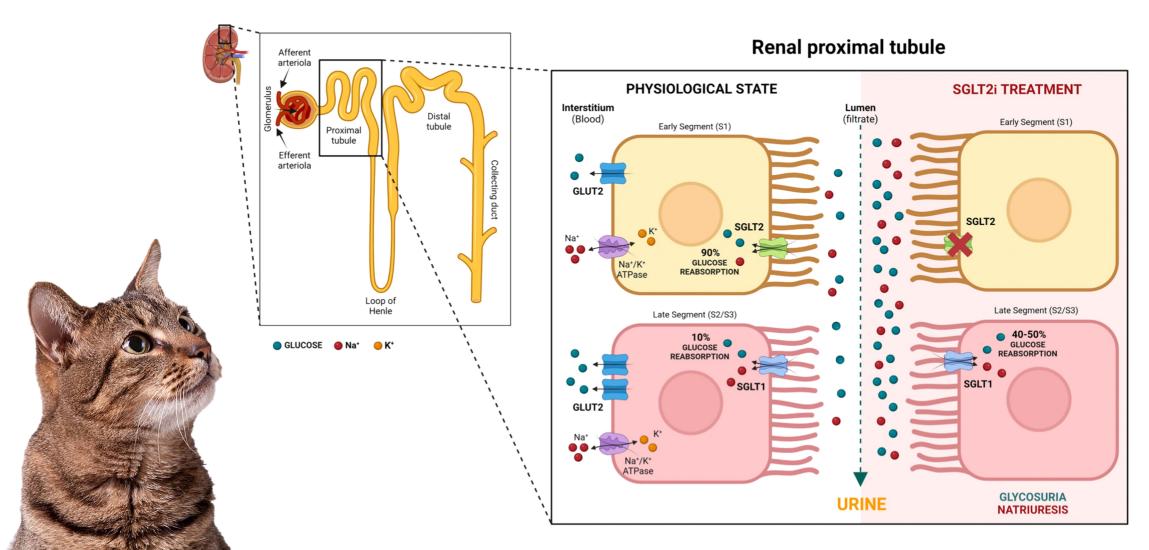
GLUT5

GLUT6









https://BioRender.com/v21n98





Once-daily oral liquid solution that can be administered directly into the cat's mouth or applied onto a small amount of food.



Reduces hyperglycemia, leading to sustained glycemic control starting in as soon as 7 days



Significantly reduces risk of clinical hypoglycemic events



Precise dosing tailored to the weight of the cat



Less intensive monitoring in stabilised cats



Convenient oral liquid well-accepted by most cats.

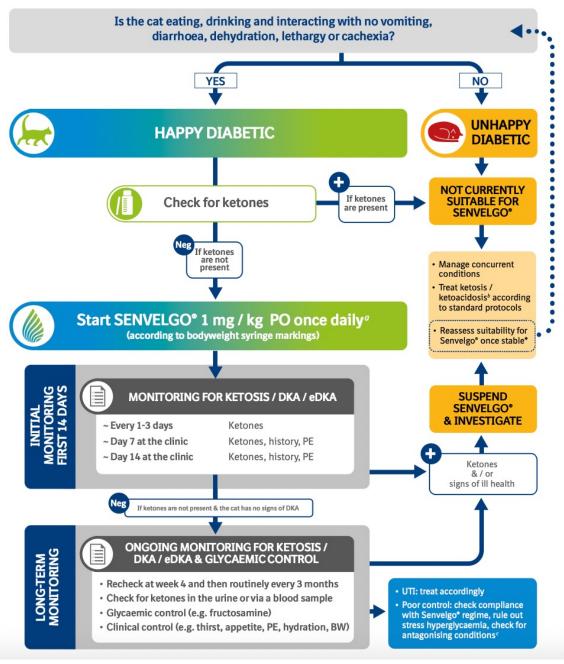


Easy storage – no refrigeration necessary before or after opening



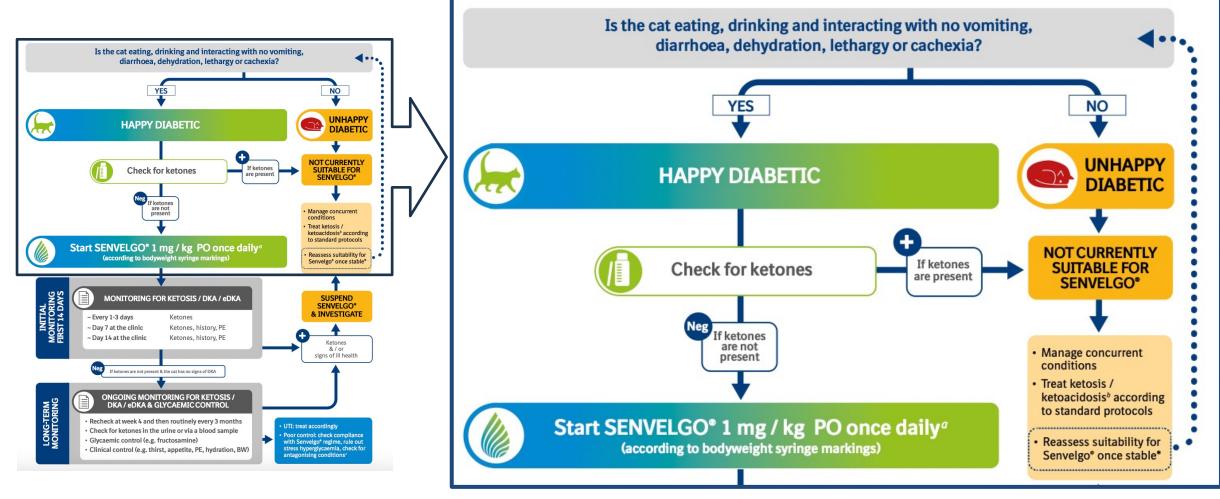
Backed by the Feline Diabetes
Patient Support Program



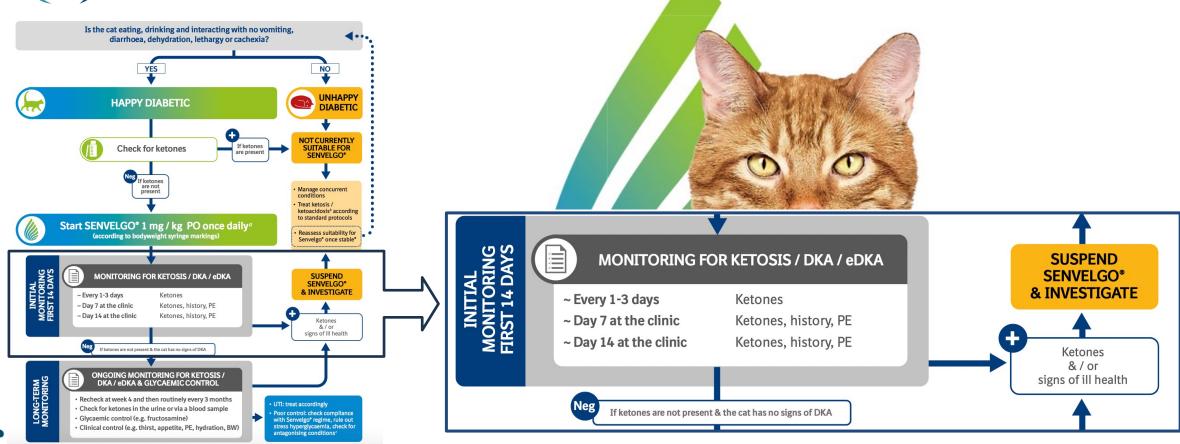




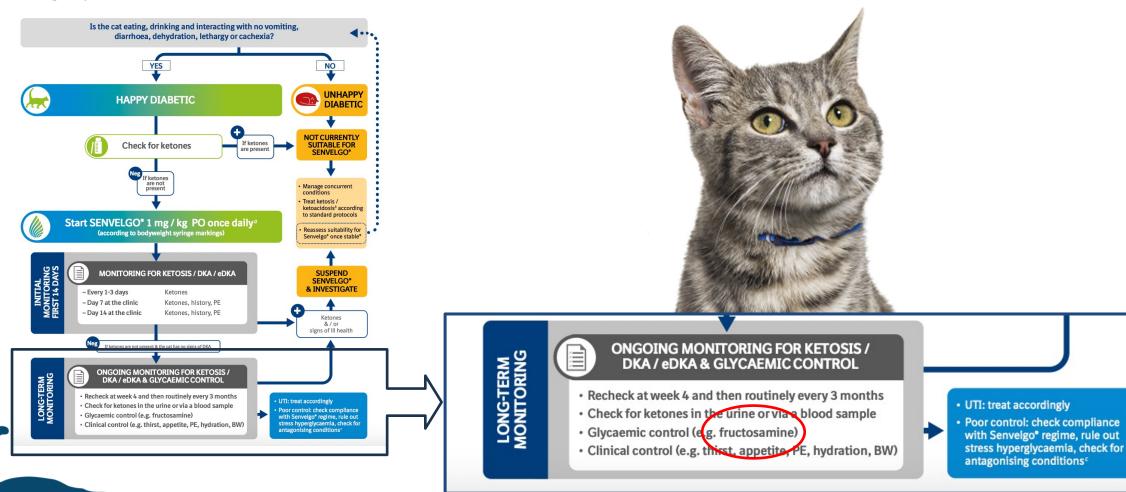














Study: 127 diabetic cats (JVIM 2024), velagliflozin vs Caninsulin.

Received: 7 November 2023

Accepted: 14 May 2024

DOI: 10.1111/jvim.17124

Journal of Veterinary Internal Medicine AC

Efficacy and safety of once daily oral administration of sodiumglucose cotransporter-2 inhibitor velagliflozin compared with twice daily insulin injection in diabetic cats

Stijn J. M. Niessen^{1,2} | Hans S. Kooistra³ | Yaiza Forcada^{1,2} Charlotte R. Bjørnvad⁴ | Balazs Albrecht⁵ | Franziska Roessner⁵ Esther Herberich Carla Kroh Carla Kroh

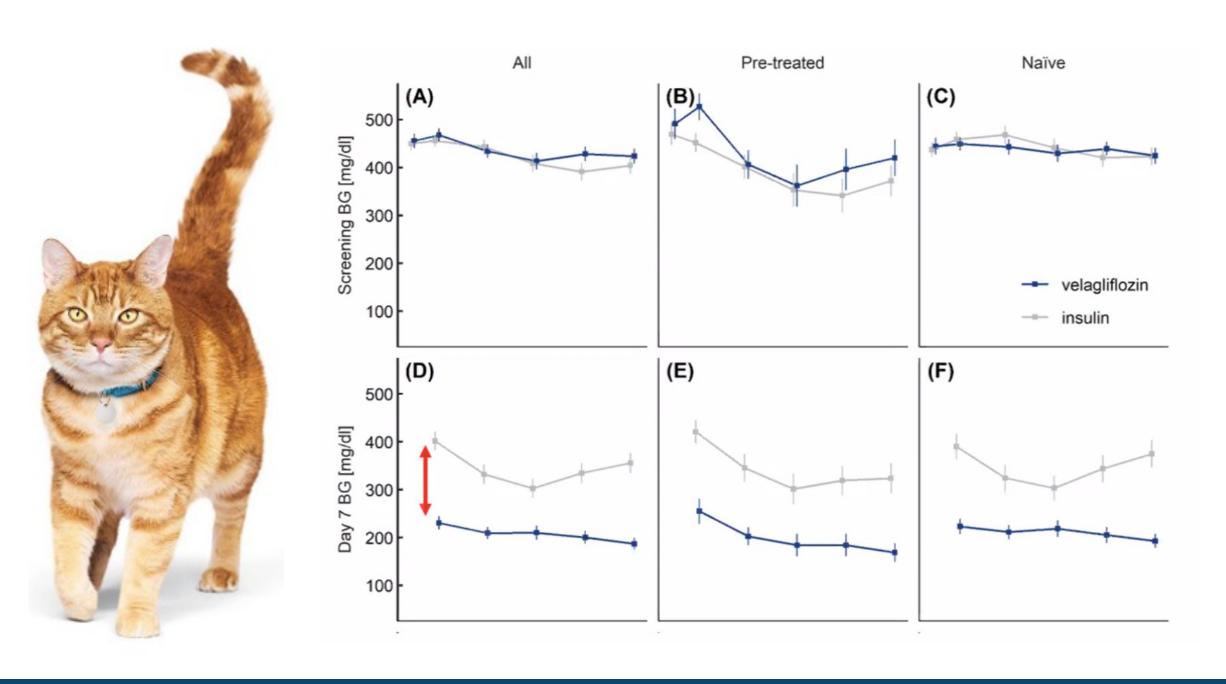
Results: Non-inferior—54% velagliflozin vs 42% Caninsulin successfully managed.

Blood glucose: Lower in velagliflozin group.

Hypoglycaemia: 14% in velagliflozin (none clinical).

DKA: 7% velagliflozin cats (mostly early), none in Caninsulin.

Limitations: Compared to Caninsulin (not glargine), BG curves used—not CGM.





JAVMA



Velagliflozin, a once-daily, liquid, oral SGLT2 inhibitor, is effective as a stand-alone therapy for feline diabetes mellitus: the SENSATION study

Ellen N. Behrend, VMD, PhD, DACVIM^{1*} ⁽ⁱ⁾; Cynthia R. Ward, VMD, PhD, DACVIM²; Victor Chukwu, DrPH³; Audrey K. Cook, BVM&S, DACVIM, DECVIM, DABVP⁴; Carla Kroh, Dr med vet⁵; Patty Lathan, VMD, MS, DACVIM⁶; Jacky May, DVM⁷; Thomas Schermerhorn, VMD, PhD, DACVIM⁸ ⁽ⁱ⁾; J. Catharine Scott-Moncrieff, VetMB, MS, DACVIM, DECVIM⁹; Rebecca Voth, DVM¹⁰





- Day 180: 81% had a BG and/or fructosamine within reference interval
- 88.6% improvement in PU, 87.7% improvement in PD
- 7.1% DKA, less common in newly diagnosed diabetics, occurring within 14 days of treatment
- No clinical hypoglycaemia (<3.3mmol/L)







Velagliflozin, a once-daily, liquid, oral SGLT2 inhibitor, is effective as a stand-alone therapy for feline diabetes mellitus: the SENSATION study



EUGLYCAEMIC DKA

A cat on an SGLT2 inhibitor may have a normal blood glucose despite substantial ketonemia



Treatment protocols
are similar to
hyperglycaemic DKA
but dextrose should be
administered with
insulin concurrently

BG <13.9mmol/L + ketonaemia + metabolic acidosis





SENVELGO ADVERSE EFFECTS



Diarrhoea (52.3%)



Urinary tract infections (7.1%)



Nonclinical hypoglycaemia (13%)



Weight loss (44%)





Old vs New

Glargine, Toujeo and Senvelgo have not been directly compared to determine rates of diabetic remission (cats)

Toujeo and Senvelgo can potentially be administered once daily

Costs: 5kg cat, 0.5 IU/kg BID

Drug	Volume	\$/unit	Duration	\$/week
Lantus	300 units	\$0.043	50 days	\$4.50
Toujeo	450 units	\$0.057	75 days	\$5.20
Senvelgo	30ml	\$12.20	90 days	\$28.30
Caninsulin	400 units	\$0.096	66 days	\$16.63



^{*}prices from Pet Pharmacy

⁺ cost of glucose sensor

⁺ cost of urine dipsticks

Toujeo and Senvelgo are promising new therapies for management of diabetes mellitus

Euglycemic diabetic ketoacidosis is possible with Senvelgo

CONCLUSION

Minimal risk of clinical hypoglycaemia

Glucose monitoring has improved with the use of continuous glucose monitors



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