

ABCD prospective nationwide liraglutide audit – follow-up visit data collection form

Date / / (dd/mm/yyyy)

Name of clinician

Patient still taking liraglutide? Yes No (circle one)

If no:

Date stopped	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)
Reason stopped	Efficacy Patient choice Side effects Other (circle one)
Reason if 'other'	<input style="width: 100%; height: 50px;" type="text"/>

Patient identification

Please record patient name and date of birth below

OR

- - - - - AFFIX PATIENT LABEL HERE - - - - -

Patient name

Date of birth / / (dd/mm/yyyy)

Results of tests if undertaken (test dates **MUST** be entered for all tests where results are reported (dd/mm/yyyy))

HbA1c please enter either % <input type="text"/> %	Date of test <input type="text"/>	Blood pressure SBP <input type="text"/> mmHg	Date of test <input type="text"/>
or mmol/mol in correct cell <input type="text"/> mmol/mol		DBP <input type="text"/> mmHg	
		Triglyceride <input type="text"/> mmol/L	Date of test <input type="text"/>
Current weight <input type="text"/> kg	Date of test <input type="text"/>	HDL <input type="text"/> mmol/L	Date of test <input type="text"/>
<i>BMI will be auto-calculated when data is entered into audit spreadsheet</i>		Total cholesterol <input type="text"/> mmol/L	Date of test <input type="text"/>
Alanine aminotransferase – ALT <input type="text"/> IU/L	Date of test <input type="text"/>	Serum creatinine <input type="text"/> µmol/L	Date of test <input type="text"/>

Current dose of liraglutide 0.6 1.2 1.8 (circle one) mg/day

GI side effects No Yes, but transient Yes, continuing (circle one)

Other possible side effects

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Novo Nordisk Limited (Telephone Novo Nordisk Customer Care Centre 0845 6005055). Calls may be monitored for training purposes.

Change in other antidiabetic medication made at this visit or since last visit Yes No (circle one)

If yes please cross out the drug you are changing from and circle the drug you are changing to

		New Dose	Stopped or Switched
Biguanides	Drug name <input type="text"/> metformin <small>Please add up the patient's total daily metformin dose (including metformin in combination products) and enter the sum value into the metformin 'New Dose' box</small>	<input type="text"/> mg/day	<input type="text"/> Yes / No
Sulphonylurea	Drug name <input type="text"/> glimepiride <input type="text"/> glipizide <input type="text"/> chlorpropamide <input type="text"/> gliclazide <input type="text"/> gliclazide MR <input type="text"/> gliclazide SR <input type="text"/> tolbutamide <input type="text"/> glibenclamide	<input type="text"/> mg/day	<input type="text"/> Yes / No
TZDs & TZDs with metformin	Drug name <input type="text"/> pioglitazone <input type="text"/> rosiglitazone <input type="text"/> pioglitazone + metformin <input type="text"/> rosiglitazone + metformin	<input type="text"/> TZD dose only mg/day	<input type="text"/> Yes / No
Meglitinides	Drug name <input type="text"/> nateglinide <input type="text"/> repaglinide	<input type="text"/> mg/day	<input type="text"/> Yes / No
Alpha-glucosidase inhibitors	Drug name <input type="text"/> acarbose	<input type="text"/> mg/day	<input type="text"/> Yes / No
GLP-1 agonist	Drug name <input type="text"/> exenatide <input type="text"/> exenatide (once-weekly) <input type="text"/> lixisenatide <input type="text"/> exenatide qw	<input type="text"/> mcg/day	<input type="text"/> Yes / No
SGLT2 inhibitors	Drug name <input type="text"/> dapagliflozin <input type="text"/> canagliflozin <input type="text"/> empagliflozin	<input type="text"/> mg/day	<input type="text"/> Yes / No
DPP-4 inhibitors and DPP-4 inhibitors with metformin	Drug name <input type="text"/> sitagliptin <input type="text"/> sitagliptin + metformin <input type="text"/> vildagliptin <input type="text"/> vildagliptin + metformin <input type="text"/> alogliptin <input type="text"/> alogliptin + metformin <input type="text"/> linagliptin <input type="text"/> linagliptin + metformin <input type="text"/> saxagliptin <input type="text"/> saxagliptin + metformin	<input type="text"/> DPP-4 dose only mg/day	<input type="text"/> Yes / No

