

Season 7, Episode 12

The Skinny on GLP-1s & Diabetes

[Teaser Clip]

Dr. Avivit Cahn:
People could do damage by all these social media diets of eat 500 calories a day. That also does a lot of damage. So, I don't recommend any diet without moving it forward. An obesity center, where you have a doctor, you have a nurse, you have a dietician, you have a physiotherapist. You have to think of this in a holistic way. It's not just take the pill, and an injection in most cases. It's not just inject it, and goodbye, let's meet in a few years, and you'll be 20 kilos less. Totally not.

[Intro Music]

Maayan Hoffman:
Hello, and welcome to Hadassah on Call: New Frontiers in Medicine. I'm your host, Maayan Hoffman. This episode might be one of the most interesting and personal ones we've done. My grandfather died from diabetes, and my sister, who's now a cardiologist, actually became a doctor because of it. She wanted to understand the body better, how to keep it strong, healthy, and heart-smart so that what happened to him wouldn't happen to others.

For me, health has always been a lifestyle. I run marathons, eat my fruits and veggies, and drink lots of water. People often ask how I maintain my weight, and my answer is always simple: moderation and movement. But is that really the secret, or just what we tell ourselves while the rest of the world is turning to so-called miracle drugs for quick fixes? Lately, I've watched so many friends start on Ozempic, Wegovy, or Mounjaro, and while I understand the appeal, it also worries me. There's no magic pill for health, and every solution comes with its own set of questions. So in this episode of Hadassah on Call: New Frontiers in Medicine, I sit down with Professor Avivit Cahn, head of the Diabetes and Metabolism Unit at Hadassah Medical Center, to unpack it all.

Maayan Hoffman:
What really happens in the body when someone has diabetes? How do these new drugs work? And whether lasting weight loss and health can truly come from a syringe. If you've ever wondered how to keep your blood sugar, your weight, and your wellness in balance, this conversation is for you. So without further ado, welcome, Professor Cahn.

Dr. Avivit Cahn:
Hi. Thank you.

Maayan Hoffman:
Professor Cahn, I want to start with your specialty, which is diabetes. What exactly happens in the body when someone has diabetes, as opposed to just having high blood sugar after a big meal?

Dr. Avivit Cahn:
Normally, people should not have high blood sugar after a big meal because, um, if the body's working just as it should be, then after a big meal, the pancreas actually secretes a large amount of insulin, which is enough to counter the increase in the glucose levels. And then if a person has totally normal glucose tolerance, then, you know, you can simply drink a full milkshake, and your sugar won't spike beyond 110, tops 120, if your pancreas is amazing. I think nowadays in the Western world, most people have some level of insulin resistance, so we do see up to 140, let's say. But, the body should be able to deal with any, any amount of sugar intake and if everything's working as should be.

Maayan Hoffman:
So many people think that you get diabetes because you eat unhealthy food. It's 'cause you eat badly. Is that true, or can totally perfectly healthy eaters also develop diabetes?

Dr. Avivit Cahn:
Well, that, that's a good question and a complicated answer. So, so diabetes is actually, um, resulting from a complex of factors, which are some genetic factors, and I'm now focusing on type 2 diabetes. Type 1 diabetes is, like, a totally different story, which we're not touching now. So type 2 diabetes is, like, a complex interplay of genetic and background environmental issues. So if you've got, like, let's say not such good genetics, and you've got lots of diabetes from your parents and grandparents and large family, so you're, you're prone to get diabetes at some age even if you're, you know, very well-kept, good, you know, you do exercise, you eat well, you're amazing. You're prone to get diabetes, but that's probably gonna happen in the later years, let's say in your 60s or 70s if you're really on top of things.

And then the diabetes will be sort of mild and not a mega issue, okay? But, um, again, the environment makes a huge difference. If you're not watching your weight, you're not exercising, you're eating tons of junk and garbage and everything that's out there, so, um, you're prone to get diabetes. And then again, it's again dependent on your genetic background.

Maayan Hoffman:
Now let's say you do develop diabetes. Can it be reversed? Can you actually get cured or heal from diabetes, or is it just managing the disease? Is that the goal?

Dr. Avivit Cahn:
So I think we're living like, we're living like in an amazing era, and in the recent American Diabetes Association conference, it started with a statement of, "We are going to cure diabetes," and I felt that was truly inspiring 'cause I think we can really cure diabetes now 'cause we've got these amazing medications which together, you know, with lifestyle and a, you know, doesn't work without anything, but people have to make that effort.

The medications give a push forward, and things can really change. So, I mean, if a person has developed diabetes and they're on top of things and they're watching what they eat and they take the medications, then they can actually reverse the diabetes. Now lifestyle, like some people think, "No, no, I can handle it all with lifestyle."

So, so I'm not, like, against lifestyle modification. Well, you have to be sort of practical. So there were clinical trials trying to see actually what happens if a person, you know, develops diabetes or pre-diabetes and then really watches what they eat and exercise and let's see how that works. Fine. And that worked amazingly well, but the real problem with that is the durability.

It works really amazing. People can lose a lot of weight and get all their numbers right on board and keep there for a year, two years. But if I watch them for 10 years, then only, like, 5% actually stay there. So I'm not here to discourage the public or to say, but I think the medications, uh, should be also incorporated at some point.

Maayan Hoffman:
Why do you think it has become so common in general, and is it common also in a country like Israel?

Dr. Avivit Cahn:
So I'll start with the res-, with the second half of your question. So unfortunately, yes, it is common in Israel. We have over 700,000 people with diabetes living in Israel, and that places Israel, um, let's say, on the upper half of the OECD countries.

We're not on the lower side. We're more on the higher side, and it's really dependent on, again, the mixture of environment, which is not so healthy in Israel. I think, uh, we have a lot of work to do there, you know, to encourage healthy lifestyle, starting from schools, starting from preschool. My kid just started seventh grade in the new high school, and I, I see that they're serving, um... for lunch they're having this sweet juice, and I'm like, "Oh my God, I can't believe that this is available there and for lunch." Like, why do little kids need to have that? So, so we need to do a lot of work and education on what people are eating, starting from kids, from preschool to high school, to when they go to the army

Dr. Avivit Cahn:
or university, like, what's the access for food and, and how is food security really available there for people to make the right food choices?

So we've got a lot of work to do in Israel from that perspective. And also I think, um, exercise is beginning to get more and more important in Israel, but still it's not as important as in other countries. I mean, like, maybe the kids have, like, maybe one class during the week for physical education, maybe two, but it's not really available there.

So, so we really need to push that much more forward. And having said all that, also the genetic background of Israel, it's a very heterogeneous country, and, and some people have a much higher tendency to develop diabetes, some populations in Israel.

[*Commercial Break*]

Maayan Hoffman:

If you like this episode you'll love our previous episode with Dr. Dana Ekstein head of the department of neurology and Co director of the epilepsy unit at the Hadassah medical organization. She describes the fascination of studying the human brain. We'll discuss the complexities of the brain and the latest developments in neurology.

Dr. Dana Ekstein:

An epileptic seizure is actually an increased and abnormal electrical activities caused by increased and abnormal electrical activity in the brain. And most of the people know what tonic-colonic seizures are, which are the big seizures where the patient loses consciousness and they have convulsions. But actually many other types of seizures are known as well, and actually, they are more prevalent than the, more common than the tonic-colonic seizures, like disconnection or other small transient behavioral changes or movements or things like this.

So this is what a seizure is. And in terms of treating epilepsy so I think we are in a very exciting era about that because the treatment of epilepsy nowadays, and until now, it was mainly with medications. And people have to take every day a medication in order to prevent a seizure, even a short seizure of several minutes happening once every few months.

Maayan Hoffman:

We'll also explore how lifestyle effects brain health including the importance of exercise, diet and learning new skills. And now back to our episode with Dr. Avivit Cahn.
[*Commercial Break Ends*]

Maayan Hoffman:
So that's actually interesting to hear 'cause, you know, we talk so much about the Mediterranean diet in Israel, and people live on the beach and seem to have access to, you know, better weather and to be able to go outside.

So it's interesting to hear what you're saying, that we're so unhealthy. Um, and as you said, I guess it starts when we're little. And what about in terms of the rest of the world? You know, what are we seeing? Is this becoming a, you know, true challenge for the whole world?

Dr. Avivit Cahn:
So totally. This is a true challenge in all developing countries and also in developed countries. And really the, the vision of the Ministry of Health in Israel is really to start curbing... You know, we've been seeing this incline for a few years now in the rates of diabetes in Israel, and we're really striving to stop that incline and to start sloping it down. Some countries have succeeded, and again, it's a combination of a lot of things.

It's also education, and lifestyle, and workplaces, and working with the environment, and getting better access to medications and to health education. So it's a lot of things. There's not, like, one thing I can pinpoint, but it's feasible, and we're really striving to do that in Israel, too, and I really do hope we'll succeed and start seeing, you know, the curve going down for a change.

Maayan Hoffman:
Sure, and you mentioned certain populations being more prone, but I also think probably lifestyle is very relevant when it comes to certain populations. For example, the Ultra-Orthodox population and the sweet drinks, as you mentioned, and things like that. Are there specific populations that we're eyeing and thinking we need to work or target them first?

Dr. Avivit Cahn:
Absolutely. Absolutely. So, so we do know that the Ultra-Orthodox population is at risk also because of education, the sweet juices and, you know, in the early years, and the, all the Chagim, and people coming together, and there's no Chag if you don't, like, make a full table with lots of dishes and all full of... You know, some, some cultures bring in lots of cooking with frying with lots of oil and tons of sugar, and everything has to be very sweet and very fat. And, you know, the Chagim this year we've had, like, extra five or six extra-... days of eating. So that, that counts. That counts. Um, so that's one population where we really need to target it, and also physical education, again, is not so strong in that population, so there's a lot of work to do there.

And then if we're thinking of the Arab population, again, also a lot of unhealthy foods. You know, the Ramadan is coming in a few month, and people think, "Wow, that's amazing. They're fasting half a day," but it's much worse than that. 'Cause the amounts they eat in the, between the days of fast are incredible, with tons of sweet food, tons of fried food.

Dr. Avivit Cahn:
It's, it's really a lot of fat. They eat a lot of meats, processed meat. Very unhealthy. So there's a lot of work to do in these populations. And maybe I'll also highlight the Ethiopian population. Because when they emigrated to Israel over a few decades ago, the rates of diabetes were just about zero, okay?

And now they're an excessively high-risk population. Again, a lot about health literacy and also about genetics. So we have a lot of work to do, which has to be culturally sensitive in Israel, and we're, we're getting there. We're going there.

Maayan Hoffman:
So interesting. Now, I mean, I think one of the biggest things is this whole topic of the miracle drugs.

I know for me, like, I have a lot of friends that are starting to take these shots, Ozempic, Wegovy, Mounjaro. How do these actually work in the body?

Dr. Avivit Cahn:
So these medications have been, like, on the market for about two decades. The first one came in, like, in 2005. That was the first registered one, and since then there's been a lot of developments. And when you look at the pipeline of these medications, it's, like, amazing. It's like we're gonna see in the next few decades a whole lot of medications with amazing effects. So if I-- what if the basic mechanism of these medications, they're based on a GLP-1. GLP-1 is a hormone which the body secretes under normal conditions once you eat. So once you eat, the body feels that the, you know, there's, uh, food in the stomach, and then there goes the signals also to the brain and also from the GI tract to signal that we have to secrete some GLP-1. Now, the GLP-1 also works in the brain to encourage satiety to tell the brain, "Hey, we're eating now.

No need to eat anymore. Let's start working on satiety." And then it also slows gastric emptying, so, you know, the patients eats a bit, and then, you know, you feel a bit full. You start feeling full and you eat less. And there's also some specific effect on the beta cells and on increasing the secretion of insulin after food and decrease in glucagon after food.

So all these effects, actually, these drugs were initially developed to counter the diabetes pandemic, but they just noted that they cause weight loss. And as they were modified, they caused more and more weight loss, and there's a lot to look forward to 'cause they can really change the landscape.

Maayan Hoffman:

But, if they were originally developed for people with diabetes, then why would they be now being used for people that maybe don't have it? Are there people then that would

Maayan Hoffman:

be at risk? What happens if you don't have diabetes and you take the drug? Is it medically safe?

Dr. Avivit Cahn:
No, it's, it's totally medically safe. It does not cause hypoglycemia because, it increases the insulin only in response to glucose. So there's absolutely no problem taking it if you're obese and not diabetic.

These medications were studied in hundreds and thousands of people, and post-marketing surveillance is also, you know, approaching the millions now. And I'd say these medications are safe. You know, for two decades, we've had them for two decades. That's not 50 years, but it's, it's a substantial amount of time to say that these medications are safe.

Maayan Hoffman:
And what is the difference in how the injections then work on a diabetic versus somebody who isn't diabetic but is simply, as you said, obese or overweight?

Dr. Avivit Cahn:
So we have, we mentioned a few effects of these medications. We've mentioned the effect on the brain on increasing satiety for diabetics and obese people.

We mentioned slowing gastric emptying, again, works for everybody. The impact on the insulin glucagon secretion is really dependent on glucose, so that's not so relevant for people with obesity. Now, an interesting observation that consists in all trials, and we don't fully understand it, is that people with diabetes lose weight with these medications, but people without diabetes but with obesity lose more. We're not really sure why that is, but that's quite consistent across the board across all drugs, and that's why they've become so popular among people with obesity.

Maayan Hoffman:
And what about taking them unnecessarily? Could that potentially, though, have any long-term effects, you know, metabolic slowdown, muscle loss, other health risks if maybe you don't need it but you just wanna be a little thinner?

Dr. Avivit Cahn:
So you know what I usually tell my patients who come to my clinic? I, I tell them, you know, I don't work in cosmetics. I'm a doctor, okay? So I'm here to treat obesity as a disease and its health implications, because obesity is a disease, and it causes multiple... You know, hundreds of diseases are associated with obesity, start with cardiac conditions and blood pressure and cancers, and even, you know, if you're heavy,

Dr. Avivit Cahn:
then you have more osteoarthritis and it's more challenging to walk, and you have sleep apnea.

So treating obesity as a disease is what I do as a doctor. I'm not there to deliver any medications to people who want to lose those few extra kilograms. I don't think that's right. I do think we need to be more open-minded about, you know, how you measure obesity. BMI, which is, you know, the most common way to look at it, is not everything, because body composition really differs between people.

So there's a l- a little bit more science that needs to be going on there. Um, but overall, I think the vast majority of people who take these medications really need them medically and really benefit from them medically, and then it's the right thing to do, but again, with doctor supervision.

Maayan Hoffman:
And once you lose the weight, do you stay on the medication, or do you try to wean yourself off and maintain that healthy weight so that you're not on it for a lifetime?

Dr. Avivit Cahn:
So many people still don't perceive obesity as a chronic disease because it's funny why I get this question just about obesity. If people are taking statins for their lipids, so it's quite obvious to people that as long as I'm taking my statins, my LDL level will be lower, and when I stop my statins, my LDL level will increase. That makes tons of sense. Same with blood pressure, tons of sense. But with obesity, people have this unrealistic aspiration that if I stop the drug, my weight will maintain on the lower side, but it doesn't. There are quite a few trials showing that if you stop the medication, you're sort of altering the balance, the balance in the brain about, the hormones of hunger and satiety, and you're altering the balance.

So if you stop the medication, the vast, vast majority of people will regain their weight gradually, but the weight will regain. And then some people, unfortunately, they regain a bit more than they were before. So I don't start the medication. If somebody comes to me and says, "You know, I just wanna take this for half a year to lose weight, and then I'll do my best to stay on it," I don't encourage that.

That, that doesn't work medically. So you take it if you're gonna take it chronically. You're not gonna take it chronically, don't start.

Maayan Hoffman:
But what's the average age that people are getting on these shots? Because if somebody, let's say, is 50 years old, that could be another 50 years of taking these shots, and as you said, it's only existed for 20 years. So what are the long-term effects?

Dr. Avivit Cahn:
Well, you know, we know what's there for 20 years. There's a bit... You know, the clinical trials already started before that. But I don't know the safety of the drug for 50 years. W- we really don't know that, so you know, as data is accumulating, we're following it. We're on top of things. We can see. But as today, we didn't see anything surprising, nothing that showed up that didn't show up earlier. You know, let's say medications for osteoporosis, they're now widely distributed. But again, they haven't been around for 50 years, but they really changed the landscape. I mean, people are fracturing less. So I think that makes a difference.

Maayan Hoffman:
Sure. Now, I was looking on social media, which is never a place to get medical advice, but I was seeing that there are some potential side effects to these medications, such as, for example, hair loss or nausea or some vision blurring. Are you hearing any of those side effects from your patients that are taking these things, and how, um, disruptive are they for the people that are taking the medications?

Dr. Avivit Cahn:
So, so I think we really need to separate the m- the side effects. Okay, so let's say nausea, that's very prevalent 'cause that's how the drug works. I mean, it makes your stomach feel full, so you really wanna... Like, some people actually throw up in the beginning. So you really need very slow titration. I never titrate real fast. I mean, since I perceive this as li- lifelong medication, I, I don't think there's any rush to reach the top dose. I really titrate slowly as tolerated. If we reach half the dose and there's nice weight loss and all the health benefits are gained, so I may stop there for a few years, and then maybe up titrate again.

So that's just about the nausea. Now, the issues that have been seen with the stronger medications, you know, where you lose, like, 15, 20% weight loss, so some people actually are lo- stop eating, okay? Because they're just not hungry, so they don't eat. So they're losing micronutrients. They're losing protein, so their muscle mass can decline.

Dr. Avivit Cahn:
They can u- lose, you know, zinc, iron, lots of very important micronutrients. So first of all, I tend to supplement because I'm somebody who's afraid that the person won't eat enough. And then I tend to send people to a dietician, which is very important. And it's funny that the role of the dietician in the era of these medications really changed because, like, once the dietician was out there to tell the person, "Hey, don't eat this, don't eat that. I know you really crave this, ice cream, but don't eat it, okay?" So now when you're coming to the dietician and you're on these medications, so the craving is controlled, so the dietician actually has to sit down and tell you, "Well, you do need to eat this and that because, we need to control your cravings."

So all the hair loss and these things that we sometimes see is when people are losing too much weight uncontrolled, and they're not eating right. So really, people should eat right.

[*Commercial Break*]

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Maayan Hoffman:
And it's interesting because you mentioned about how, you know, you, um, people that get off of it start to slowly gain back the weight or even faster and potentially more. So in the other way around, if people are staying on it, I mean, this, what you're describing sounds like anorexia or something where people are not eating at all, and it has very, many detrimental health effects as well. So is there a concern about, you know, with people going that other way? You're saying it's important to eat right, but, you know, if you mentally don't change to, I guess, have a healthier lifestyle when you get off the medication, is it the same thing that if you would get off if you were having trouble eating, you'd be able to just go right back the minute you were off the medication?

Dr. Avivit Cahn:
So again, it's, it's sort of an issue of titration. I mean, you can't get off and then get back on the top dose. But that's why really this is a medication, okay? It's not sold as an OTC, right? This is really medication. People seem to think it is, I think. No, no, no, no. It is totally not an OTC. It's a medication. It has a lot of potential to do damage, and it's not correct just... people could do damage by all these, you know, social media diets of eat 500 calories a day. That also does a lot of damage. So I don't recommend any diet without, moving it forward. An obesity center where you have a doctor, you have a nurse, you have a dietician, you have a physiotherapist.

You know, you have to think of this in a holistic way. It j- it's not just take the pill and g- it's an injection in most cases. It's not just inject it and goodbye, let's meet in a few years and you'll be 20 kilos less. Totally not. Totally not. It has to be, you know, really monitored carefully, closely. That's not the way to do it, yeah.

Maayan Hoffman:
Yeah, and it seems like it's a very important message for people who are looking for sort of that miracle drug just to be able to look better. Now, of course, not everybody does take medication, and so we have to think about how we maintain our weight without taking medication.

Maayan Hoffman:
That's obviously the ideal. So you, somebody, you know, in your role, can you talk about what are the top recommendations for keeping weight off, especially as we age and, you know, our metabolism might change?

Dr. Avivit Cahn:
So it's really challenging and, if you're talking about metabolism, let's say women in the pr- in the perimenopausal period, often their metabolism changes dramatically and they just... I often see women who just gained 10 kilos within a year and it's like, "Oh my God, what happened?" So yes, metabolism changes and it's really important to adapt your lifestyle. So you have to, you know, more vegetables, more, um, grains, you know, whole wheat. Try to avoid the sweets, try to avoid, fat which comes from, um, animal origin like meat, like processed meat, like, um, you know, if you're eating chicken, so have it low fat, or turkey is better or fish are better. You know, have to make those right food choices. And as people age, exercise is becoming even more important. And again, it's not the point that, wow, you're gonna start a full exercise plan. No, you need to do this monitored, staged. But exercise is really, really important to help you maintain muscle mass because muscle mass starts to decline in the, you know, in the 40s. It starts to decline and then, and then the metabolism really changes, so it's very important to exercise to keep that muscle mass and then it improves the whole wellbeing and it's easier to watch your weight when you're exercising too.

Maayan Hoffman:
How much exercise do you recommend per day or per week for the average, let's say, you know, 40 to 60-year-old woman?

Dr. Avivit Cahn:
The American Diabetes Association used to recommend 150 minutes a week of, you know, something like brisk walking or some aerobic exercise, and then they sort of modified that 'cause they realized that's not a lot if you think about it. It's really not a lot. And they do recommend adding anaerobic, um, exercise like weights, like pilates, like, you know, um, bands or stuff like that.

But actually, what I usually tell my patients is, "Take one exercise that you really like and that you're gonna stick to," because it doesn't matter what I recommend and what I think if the patient doesn't do it, so that's amazing. But I have to get the patient on board.

Maayan Hoffman:
Yeah, that makes sense. And now I wanna flip back to diabetes just for a moment. What are some of the long-term p- complications of poorly controlled diabetes from, the eye problems, the nerve pain, the foot issues I've read about? How c- what are they and how can they be prevented?

Dr. Avivit Cahn:
So overall, preventions is the easier way to start. So we know that what matters is good glycemic control, okay? So that overall can prevent all the medications we were talk- all the complications. We're talking about eyes, we're talking kidneys and nerves. And now we have some new medications which when the complications have already become, there's a way to reverse them, okay? So not all, not totally, but let's say for the kidney complications, again, a new class of drugs which just, um, like, started a decade ago, I think, really changed that and reduced the risk of dialysis by 50%. And I'm talking about the class of SGLT2 inhibitors. There've already been some classes, but this is again a new class which again slows down that complications. And if we're talking about eye complications, so I truly rarely see blindness due to diabetes today because the eye doctors have amazing new therapies and new ways to slow it down.

But then again, sometimes I get a letter from the ophthalmologist telling me, "Listen, I'm doing my best, but if you don't control that patient's diabetes, I'm, I'm losing it." So it's really a combination. And then we're talking about those are, like, what's defined the microvascular complications, and then you've got the macrovascular complications, which are, like, the big blood vessels like the coronary vessels or the cerebral vessels or the leg vessels, the peripheral artery vessels.

And there it's really a, an interplay of many factors causing, you know, heart disease, myocardial infarction or stroke, or having ischemia in your legs. So that's, like, a complex interplay. There are a lot of risk factors which are more predominant than just the glucose. It's also the blood pressure, the smoking, the obesity.

So, so really, again, when we're looking at cardiovascular risk reduction, it's not just diabetes. I mean, diabetes is important, and diabetes will prevent these complications in the long run. But really in these complications, you need to take a, you know, a total view of all the cardiovascular risk factors.

Maayan Hoffman:
And then what does that multidisciplinary team look like? You know, if somebody comes in with pre-diabetes or diabetes, who are the doctors that should be in that circle?

Dr. Avivit Cahn:
So I think it was starting with a prediabetes diabetes, so I would think the endocrinologist is there. But then he's, you know, in Israel, I think roughly like 20% of the people with diabetes see an endocrinologist, and 80% see their GPs, which is fine. I think it's fine because the GPs do handle chronic diseases. I mean, this is the way it works. We don't have endocrinologists to see 700,000 people. And you were speaking also of prediabetes, which is also at least 500,000. So we don't have enough staff for that. So we have the, the general physicians, and they have the dieticians, and in Israel we've had, um, diabetes, um, nurse educators... It's not nurse educators, it's like nurses specialized in diabetes. This is also an evolving field in Israel. We have close to 100 already, like half

Dr. Avivit Cahn:
in the community, half in the hospitals, and they can also make a huge impact and a huge difference. So that's the team the patient starts with. And also the physiotherapists are out there to help with, choosing the right physical activity for the patients.

Maayan Hoffman:
Amazing. So we're running out of time, and I just wanna ask, you know, finally, what do you wish that everyone understood about balancing blood sugar, body weight, overall health, especially in the era of these, pills and, or not pills, these injections that everybody is trying to take?

Dr. Avivit Cahn:
So again, I think those injections are amazing, but still I think that lifestyle should be reinforced at every point. I mean, it's clear that lifestyle alone, in many cases, is not gonna cut it. Okay? And I don't... That's why I really try to tell my patients; it's not a failure when you've got to the medication. I mean, diabetes is a progressive disorder. It's also genetically determined. Like you can be amazing, but the diabetes comes on.

So lifestyle is very important and it's always there. It's always a very important part of therapy. But I don't think it's a failure when you need to take those drugs, and if you do need them, you take them, because what matters for the long-term complications are what your sugar levels are. And as long as the sugar levels are maintained at normal levels, and you're preventing the complications, that's what actually matters.

Maayan Hoffman:
Amazing. Well, Professor, thank you so much for joining us today. Thank you.

Dr. Avivit Cahn:
Thank you.

Maayan Hoffman:
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Maayan Hoffman:
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