

Supplementary material file S1. Example case

Learning objectives:

- The student knows the reference values of fasting blood glucose levels and HbA1c;
- The student knows the therapy of angina pectoris and essential hypertension
- The is able to prescribe an appropriate treatment plan for a patient with Diabetes Mellitus type 2 and a high risk of cardiovascular disease;
- The student can develop follow-up management for a patient with Diabetes mellitus type 2.

Mrs. X (65 years old)		Setting: General Practice
Medical history	6 months ago: Diabetes Mellitus type 2 5 years ago: Angina pectoris 8 years ago: Essential hypertension	
Current medication	Acetylsalicylic acid 80 mg, tablet, once daily Atorvastatin 40 mg, tablet, once daily Lisinopril 10 mg, tablet, once daily Nitroglycerin 0.4 mg, sublingual spray, as needed	
Allergies	None	
Substance use	None	

Anamnesis:

Mrs. X has a long-standing history of angina pectoris. She was recently diagnosed with diabetes mellitus and claims to have followed all your lifestyle advice. However, her HbA1c remains elevated. Today, she visits you to discuss the treatment plan.

Physical examination:

BMI 29 kg/m², blood pressure 130/82 mmHg.

Laboratory results:

Fasting blood glucose 9 mmol/L = 162.2 mg/dL (capillary), HbA1c: 64 mmol/mol = 8.0%.

Conclusion:

Patient with **Diabetes Mellitus type 2** and angina pectoris

Assignment:

What would be the most appropriate treatment plan for this patient?

Possible correct answers:

- Continue with lifestyle advices
- Prescribe empagliflozin or canagliflozin as SGLT2 inhibitor, or dulaglutide, liraglutide, or semaglutide as GLP-1 receptor agonist.
 - Empagliflozine, tablet, 10 mg once a day
 - Canagliflozin, tablet, 100 mg once a day
 - Dulaglutide, subcutaneous, 0.75 mg once a week
 - Liraglutide, subcutaneous, 0.6 mg once a day
 - Semaglutide, subcutaneous, 0.25 mg once a day
 - Semaglutide, tablet, 3 mg once a day
- Follow-up management:
 - If chosen for SGLT2 inhibitor: follow-up 2 weeks
 - If chosen for subcutaneous GLP-1 receptor agonist: once a week or every day until the patient can use administer it to herself
 - If chosen for oral GLP-1 receptor agonist: follow-up 2 weeks