

Type 2 Diabetes ADA-EASD Treatment Guidelines 2012 – General Recommendations

Begin with lifestyle changes – healthy eating, weight control, increased physical activity

Metformin monotherapy is added at, or soon after, diagnosis (in patients intolerant, or with contraindications for, metformin, select initial drug from other classes depicted)

Metformin Monotherapy

Efficacy (\downarrow HbA_{1c}): High
 Hypoglycaemia: Low risk
 Weight: Neutral/loss
 Side effects: GI/lactic acidosis
 Cost: Low

If HbA_{1c} target not achieved after ~3 months, proceed to **two-drug combination** (order not meant to denote any specific preference)
 Consider beginning at this stage in patients with very high HbA_{1c} (e.g. $\geq 9\%$)

Initial drug monotherapy

Two-drug combinations

<p>Metformin + Sulfonylurea</p> <p>Efficacy (\downarrowHbA_{1c}): High Hypoglycaemia: Moderate risk Weight: Gain Side effects: Hypoglycaemia Cost: Low</p>	<p>Metformin + Thiazolidinedione</p> <p>Efficacy (\downarrowHbA_{1c}): High Hypoglycaemia: Low risk Weight: Gain Side effects: Oedema, HF, Fx's Cost: High</p>	<p>Metformin + DPP-4 Inhibitor</p> <p>Efficacy (\downarrowHbA_{1c}): Intermediate Hypoglycaemia: Low risk Weight: Neutral Side effects: Rare Cost: High</p>	<p>Metformin + GLP-1 receptor agonist</p> <p>Efficacy (\downarrowHbA_{1c}): High Hypoglycaemia: Low risk Weight: Loss Side effects: GI Cost: High</p>	<p>Metformin + Insulin (usually basal)</p> <p>Efficacy (\downarrowHbA_{1c}): Highest Hypoglycaemia: High risk Weight: Gain Side effects: Hypoglycaemia Cost: Variable</p>
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If HbA_{1c} target not achieved after ~3 months, proceed to three-drug combination (order not meant to denote any specific preference)

Three-drug combinations

<p>Metformin + Sulfonylurea + Thiazolidinedione or DPP-4 Inhibitor or GLP-1 receptor agonist or Insulin</p>	<p>Metformin + Thiazolidinedione + Sulfonylurea or DPP-4 Inhibitor or GLP-1 receptor agonist or Insulin</p>	<p>Metformin + DPP-4 Inhibitor + Sulfonylurea or Thiazolidinedione or Insulin</p>	<p>Metformin + GLP-1 receptor agonist + Sulfonylurea or Thiazolidinedione or Insulin</p>	<p>Metformin + Insulin (usually basal) + Sulfonylurea or DPP-4 Inhibitor or GLP-1 receptor agonist</p>
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If HbA_{1c} target not achieved after 3-6 months, proceed to a more complex insulin strategy, usually in combination with one or two non-insulin agents

Fx's: bone fractures

More complex insulin strategies

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Insulin (multiple daily doses)

Reference: [adapted] Position Statement of the American Diabetes Association and the European Association for the Study of Diabetes. Management of Hyperglycemia in Type2 Diabetes: A Patient-Centered Approach. Diabetes Care, 35, June 2012.

Severe hyperglycaemia (e.g. HbA_{1c} $\geq 10-12\%$)