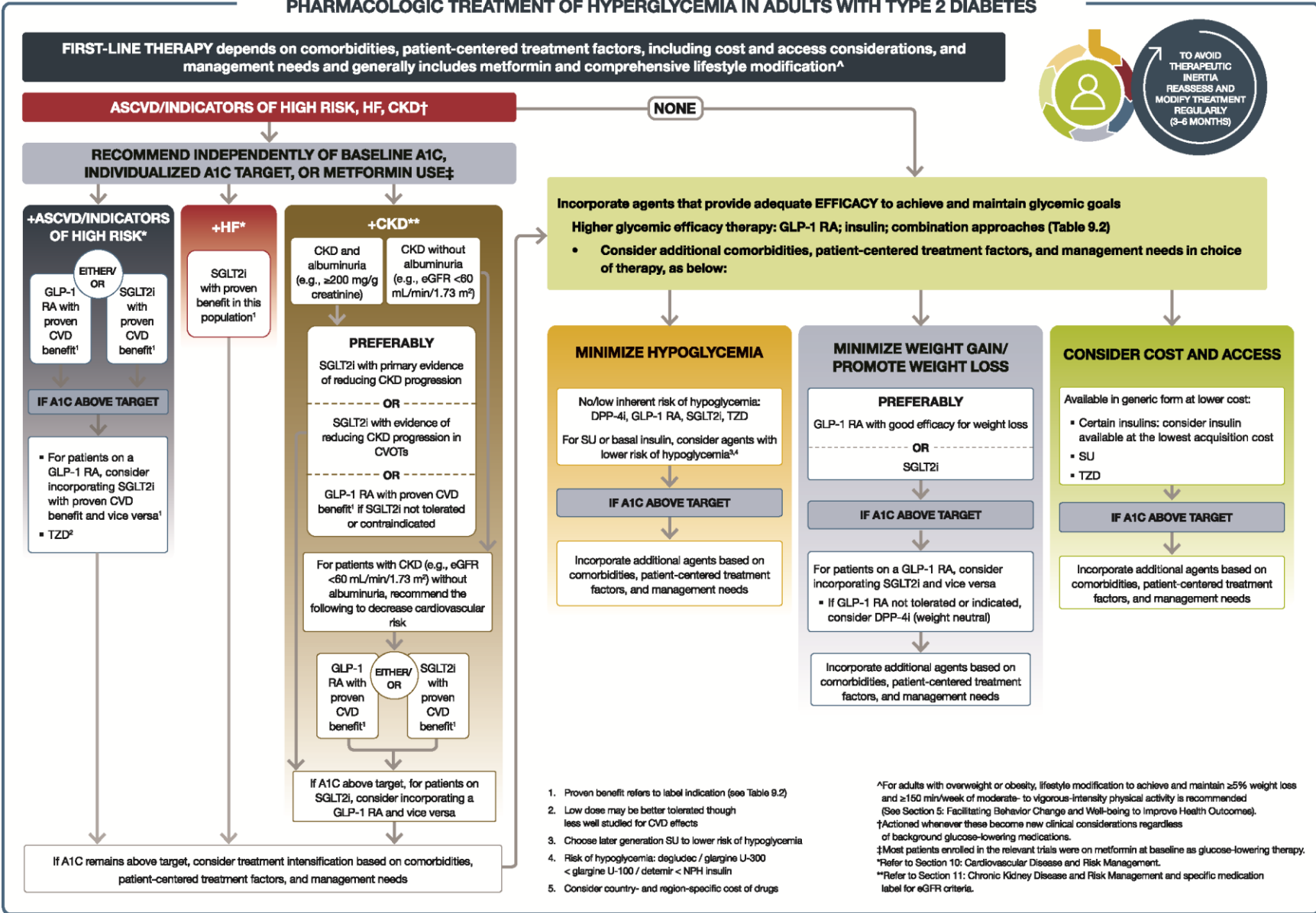


PHARMACOLOGIC TREATMENT OF HYPERGLYCEMIA IN ADULTS WITH TYPE 2 DIABETES



**TO AVOID THERAPEUTIC INERTIA REASSESS AND MODIFY TREATMENT REGULARLY (3-6 MONTHS)**

1. Proven benefit refers to label indication (see Table 9.2)

2. Low dose may be better tolerated though less well studied for CVD effects

3. Choose later generation SU to lower risk of hypoglycemia

4. Risk of hypoglycemia: degludec / glargine U-300 < glargine U-100 / detemir < NPH insulin

5. Consider country- and region-specific cost of drugs

<sup>^</sup>For adults with overweight or obesity, lifestyle modification to achieve and maintain ≥5% weight loss and ≥150 min/week of moderate- to vigorous-intensity physical activity is recommended (See Section 5: Facilitating Behavior Change and Well-being to Improve Health Outcomes).

†Actioned whenever these become new clinical considerations regardless of background glucose-lowering medications.

‡Most patients enrolled in the relevant trials were on metformin at baseline as glucose-lowering therapy.

<sup>1</sup>Refer to Section 10: Cardiovascular Disease and Risk Management.

<sup>\*\*</sup>Refer to Section 11: Chronic Kidney Disease and Risk Management and specific medication label for eGFR criteria.