

INTERVENTION / TREATMENT PEARLS 2012

| Intervention/ Treatment | Expected decrease in A1C with monotherapy (%) | Primary Action | When to Choose/Use | Cost |
|--|---|--|---|-------------|
| Lifestyle changes in diet/physical activity to promote weight loss | 1.0-2.0 | Broad benefits to health | <ul style="list-style-type: none"> Improvement in lifestyle possible Person can begin immediately | Free-\$ |
| Metformin | 1.0-2.0 | Lowers fasting plasma glucose | <ul style="list-style-type: none"> All patients unless contraindicated or not tolerated | \$ |
| Sulfonylurea | 1.0-2.0 | Lowers fasting plasma glucose | <ul style="list-style-type: none"> Second agent for most patients Hypoglycemia risk high | \$ |
| Alpha Glucosidase Inhibitors | 0.5-1.0 | Lowers post-prandial glucose | <ul style="list-style-type: none"> Slow carbohydrate Taken orally | \$-\$-\$ |
| Meglitinides | 0.5-1.5 | Lowers post-prandial glucose | <ul style="list-style-type: none"> Sulfa allergy Lower risk hypoglycemia | \$-\$-\$ |
| Pioglitazone | 0.6-1.0 | Lowers post-prandial glucose | <ul style="list-style-type: none"> Insulin resistance high High triglycerides and low HDL if using maximum dose | \$-\$-\$-\$ |
| GLP-1 Agonist | 0.8-1.5 | Lowers post-prandial and fasting glucose | <ul style="list-style-type: none"> Weight loss desired No hypoglycemia | \$\$\$ |
| DPP-IV Inhibitors | 0.6-0.8 | Lowers post-prandial glucose | <ul style="list-style-type: none"> Weight neutral Taken orally May use in renal insufficiency | \$\$\$ |
| Pramlintide | 0.4-0.6 | Lowers post-prandial glucose | <ul style="list-style-type: none"> Wide fluctuating post-prandial glucose | \$\$\$ |

Guiding Principles:

- The tool “Type 2 Diabetes: Ambulatory Glycemic Control Pathway” provides a framework for approaching the management of type 2 diabetes
- Use the tool “Diabetes Mellitus Medications 2012” for specific drug-related information
- General Glycemic control goals: A1C < 7.0% (always individualize); Fasting Plasma Glucose (FPG) 70-130 mg/dL; two-hour post-prandial < 180 mg/dL
- Selection of medications should be based on patterns of hyperglycemia (e.g., elevated FPG and/or elevated post-prandial)
- Medication should be titrated to maximal effective doses