

Type 2 diabetes in adults: choosing, reviewing and changing medicines

Diet and behaviour change advice
At each point reinforce advice about diet and behaviour change.
Involving people in medicine discussions
<p>Discuss the benefits and risks of every medicine with adults with type 2 diabetes, and support them to make an informed decision about their treatment. Take into account the effectiveness of each medicine in terms of:</p> <ul style="list-style-type: none">• metabolic response, and• cardiovascular and renal protection. <p>If a person has more than one comorbidity (for example cardiovascular disease and obesity), make a shared decision with them about which comorbidity to prioritise when choosing medicines.</p>
Reviewing medicines
<p>When reviewing treatments, discuss all changes with the person with type 2 diabetes.</p> <p>Optimise their current treatment regimen before changing treatments, taking into account factors such as:</p> <ul style="list-style-type: none">• adverse effects• adherence to existing medicines• the need to revisit advice about diet and self-management• prescribed doses and formulations. <p>If the person has reached their glycaemic and weight targets, consider continuing any medicines that have contributed to this.</p> <p>Consider continuing SGLT-2 inhibitors for their cardiovascular or renal benefits, even if they do not help the person reach their glycaemic or weight targets.</p> <p>Stop GLP-1 receptor agonists if:</p> <ul style="list-style-type: none">• they do not help the person reach their glycaemic or weight targets, and• the person does not have cardiovascular disease or early onset type 2 diabetes. <p>Do not offer a GLP-1 receptor agonist and a DPP-4 inhibitor together to treat type 2 diabetes.</p>
People already on standard-release metformin
<p>If standard-release metformin is effective and tolerated, continue its use.</p> <p>If it is not tolerated, change to modified-release metformin.</p>

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