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

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:

- metabolic response, and
- · cardiovascular and renal protection.

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.

Reviewing medicines

When reviewing treatments, discuss all changes with the person with type 2 diabetes.

Optimise their current treatment regimen before changing treatments, taking into account factors such as:

- adverse effects
- adherence to existing medicines
- the need to revisit advice about diet and self-management
- prescribed doses and formulations.

If the person has reached their glycaemic and weight targets, consider continuing any medicines that have contributed to this.

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.

Stop GLP-1 receptor agonists if:

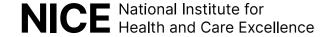
- they do not help the person reach their glycaemic or weight targets, and
- the person does not have cardiovascular disease or early onset type 2 diabetes.

Do not offer a GLP-1 receptor agonist and a DPP-4 inhibitor together to treat type 2 diabetes.

People already on standard-release metformin

If standard-release metformin is effective and tolerated, continue its use.

If it is not tolerated, change to modified-release metformin.



Type 2 diabetes in adults: choosing medicines for first line and further treatment

