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Algorithm for blood glucose lowering therapy in adults with type 2 diabetes

**Insulin-based treatment**
- When starting insulin, use a structured programme and continue metformin for people without contraindications or intolerance. Review the continued need for other blood glucose lowering therapies.
- Offer NPH insulin once or twice daily according to need.
- Consider starting both NPH and short-acting insulin either separately or as pre-mixed (biphasic) human insulin (particularly if HbA1c is >75 mmol/mol (9.0%) or higher).
- Consider, as an alternative to NPH insulin, using insulin analogues or glargine if the person needs assistance to inject insulin, insulin is restricted by recurrent symptomatic hypoglycaemic episodes or would otherwise need twice-daily NPH insulin in combination with oral blood glucose lowering drugs.
- Consider pre-mixed (biphasic) preparations that include short-acting insulin analogues, rather than pre-mixed (biphasic) preparations that include short-acting human insulin preparations, if: the person prefers injecting insulin immediately before a meal, hypoglycaemia is a problem or blood glucose levels rise markedly after meals.
- Only offer a GLP-1 mimetic in combination with insulin with specialist care advice and ongoing support from a consultant-led multidisciplinary team.
- Monitor people on insulin for the need to change the regimen.
- An SGLT-2i in combination with insulin with or without other anti-diabetic drugs is an option.

**HbA1c level of**

- >75 mmol/mol (9.0%)
- 70–75 mmol/mol (5.3–6.0%)
- 60–70 mmol/mol (4.5–5.3%)
- 53–60 mmol/mol (4.0–4.9%)
- <53 mmol/mol (3.0%)

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