

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

<b>Diet and healthy living advice</b>
At each point, reinforce advice about diet and other aspects of healthy living (also see the <a href="#">NICE guideline on overweight and obesity</a> and the <a href="#">NHS better health website</a> ).
<b>Involving people in medicine discussions</b>
<p>Discuss the benefits and risks of each medicine treatment option with adults with type 2 diabetes, and support them to make an informed decision about their treatment. Take into account the:</p> <ul style="list-style-type: none"><li>• effect of each medicine on HbA1c and weight</li><li>• effectiveness of each medicine at preventing and managing cardiovascular and renal conditions</li><li>• factors that might prevent the person from following a specific treatment option (for example, pioglitazone is contraindicated for people with heart failure)</li><li>• cost: when more than 1 medicine from the same drug class are equally suitable for the person, use the least expensive.</li></ul> <p>If a person has more than one comorbidity (for example, <a href="#">atherosclerotic cardiovascular disease</a> and obesity; see <a href="#">recommendation 1.9.3</a>), make a shared decision with them about which comorbidity to prioritise when choosing medicines. Take into account: medicines required for cardiovascular and renal protection (for example, subcutaneous semaglutide (Ozempic) for people with atherosclerotic cardiovascular disease), medicines that are contraindicated (for example, metformin for people with chronic kidney disease and an eGFR of less than 30 mL/min/1.73 m<sup>2</sup>), and any other medicines they are taking and at what dose, particularly if the person has frailty (see <a href="#">recommendations for people with frailty in the initial medicines section</a>).</p> <p>Give clear sick day rules in each person's individualised treatment plan (also see <a href="#">the guideline section on sick day rules</a>).</p>
<b>Reviewing medicines</b>
<p>When reviewing treatments, make a shared decision about changes with the person with type 2 diabetes. See the <a href="#">recommendations on involving people in medicine discussions</a>. Optimise their current treatment regimen before changing treatments, taking into account factors such as:</p> <ul style="list-style-type: none"><li>• adverse effects</li><li>• prescribed doses and formulations</li><li>• adherence to, and management of, existing medicines</li><li>• the need to revisit advice about diet and healthy living.</li></ul> <p>If response to medicines suggests that type 2 diabetes might not be the correct diagnosis, see the <a href="#">recommendations on initial diagnosis and revisiting initial diagnosis in NICE's guideline on managing type 1 diabetes</a>.</p> <p>If the person has reached their individualised glycaemic and weight targets (as defined in <a href="#">NICE's guideline on overweight and obesity</a>), 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 individualised glycaemic targets.</p> <p>Stop GLP-1 receptor agonists or tirzepatide if:</p> <ul style="list-style-type: none"><li>• the person becomes underweight (BMI under 18.5 kg/m<sup>2</sup>), or</li><li>• they do not help the person reach their individualised glycaemic targets and they are not being taken for their cardiovascular benefits.</li></ul> <p>Do not offer a GLP-1 receptor agonist or tirzepatide and a DPP-4 inhibitor together to treat type 2 diabetes.</p>
<b>People already on standard-release metformin</b>
Continue standard-release metformin if it is effective. Switch to modified-release metformin if standard-release metformin is not tolerated, or this is the person's preference.

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