TYPE 2 DIABETES: AMBULATORY GLYCEMIC CONTROL PATHWAY

Diagnosis of Type 2 Diabetes

Initial Intervention

1. Lifestyle Intervention
   • Refer for Medical Nutrition Therapy (MNT)
   • Refer for Diabetes Education, preferably with a Certified Diabetes Educator (CDE)
2. Start Pharmacological Therapy$^{1, 2}$

A1C > 10.0%

Start Metformin plus Basal Insulin$^1$

A1C$^3$ > 8.5%

A1C$^3, 5$ 7.0%-8.5%

Intensify Basal and/or Add Prandial Insulin
   • Titrate insulin as needed
   • Continue lifestyle changes
   • Refer to diabetes specialist

A1C < 9%: Start monotherapy (Metformin$^{1, 2}$)
A1C 9-10%: Start dual therapy (Metformin + Sulfonylurea$^{1, 2}$)

Add Sulfonylurea$^4$

Maximize treatments$^4$

A1C > 7.0%$^3$

Add GLP-1 Agonist, DPP-IV, or Pioglitazone$^1$

A1C > 7.0%$^3$

A1C > 7.0%$^3$

Footnotes:
1. See tools “Diabetes Mellitus Medications 2012” and “Insulin Therapy 2012” for specific dosing information
2. Some agents mainly affect basal hyperglycemia, others target post-prandial hypoglycemia. Control of basal hyperglycemia is usually the first task.
3. Check A1C three months after titration to maximize effective dose
4. Increased risk of hypoglycemia if A1C is < 7.5%
5. If using < 30 units of basal insulin, will likely be able to titrate off insulin

Disclaimer: Throughout therapy use, assess for frequency, severity, and unexplained episodes of hypoglycemia.