

INTERVENTION / TREATMENT PEARLS 2012

Intervention/ Treatment	Expected decrease in A1C with monotherapy (%)	Primary Action	When to Choose/Use	Cost
Lifestyle changes in diet/physical activity to promote weight loss	1.0-2.0	Broad benefits to health	<ul style="list-style-type: none"> Improvement in lifestyle possible Person can begin immediately 	Free-\$
Metformin	1.0-2.0	Lowers fasting plasma glucose	<ul style="list-style-type: none"> All patients unless contraindicated or not tolerated 	\$
Sulfonylurea	1.0-2.0	Lowers fasting plasma glucose	<ul style="list-style-type: none"> Second agent for most patients Hypoglycemia risk high 	\$
Alpha Glucosidase Inhibitors	0.5-1.0	Lowers post-prandial glucose	<ul style="list-style-type: none"> Slow carbohydrate Taken orally 	\$-\$-\$
Meglitinides	0.5-1.5	Lowers post-prandial glucose	<ul style="list-style-type: none"> Sulfa allergy Lower risk hypoglycemia 	\$-\$-\$
Pioglitazone	0.6-1.0	Lowers post-prandial glucose	<ul style="list-style-type: none"> Insulin resistance high High triglycerides and low HDL if using maximum dose 	\$-\$-\$-\$
GLP-1 Agonist	0.8-1.5	Lowers post-prandial and fasting glucose	<ul style="list-style-type: none"> Weight loss desired No hypoglycemia 	\$\$\$
DPP-IV Inhibitors	0.6-0.8	Lowers post-prandial glucose	<ul style="list-style-type: none"> Weight neutral Taken orally May use in renal insufficiency 	\$\$\$
Pramlintide	0.4-0.6	Lowers post-prandial glucose	<ul style="list-style-type: none"> Wide fluctuating post-prandial glucose 	\$\$\$

Guiding Principles:

- The tool “Type 2 Diabetes: Ambulatory Glycemic Control Pathway” provides a framework for approaching the management of type 2 diabetes
- Use the tool “Diabetes Mellitus Medications 2012” for specific drug-related information
- General Glycemic control goals: A1C < 7.0% (always individualize); Fasting Plasma Glucose (FPG) 70-130 mg/dL; two-hour post-prandial < 180 mg/dL
- Selection of medications should be based on patterns of hyperglycemia (e.g., elevated FPG and/or elevated post-prandial)
- Medication should be titrated to maximal effective doses