



Consensus recommendations for pharmacological treatment of type 2 diabetes

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Treatment recommendations based on risk stratification in type 2 diabetes patients



Type 2 diabetes at very high risk



Type 2 diabetes at high risk



The aged



Evidence-grading system

Based on the American Diabetes Association grading system

Level of evidence	Description
A	Clear evidence from well-conducted, generalisable RCTs, adequately powered, including 1) evidence from a well-conducted multicentre trial or meta-analysis that incorporated quality ratings in the analysis, 2) compelling nonexperimental evidence, 3) supportive evidence from well-conducted RCTs that are adequately powered
B	Supportive evidence from a well-conducted cohort study or case-control study
C	Supportive evidence from poorly controlled or uncontrolled studies, or conflicting evidence with the weight of evidence supporting the recommendation
E	Expert opinion or clinical experience

Type 2 diabetes at very high risk

ASCVD



- Consider initiating metformin + SGLT2i/GLP-1RA rather than stepwise (E)
- Metformin as first-line therapy (A)
- SGLT2i or GLP-1RA with proven CV benefit as second-line therapy (A)
- Use basal insulin with caution when other options have failed and glycaemic targets are not met (E)

Type 2 diabetes at very high risk

HF



- Consider initiating metformin + SGLT2i rather than stepwise (E)
- Metformin as first-line therapy (A)
- SGLT2i as second-line therapy (A)
- Avoid pioglitazone (A) and saxagliptin (A) and use basal insulin with caution (B)

Type 2 diabetes at very high risk



CKD



- Consider initiating metformin + SGLT2i rather than stepwise (E), according to the approved restrictions of dose and indications by eGFR
- Metformin as first-line therapy if eGFR $>30\text{mL}/\text{min}/1.73\text{m}^2$ (A)
- SGLT2i as second-line therapy if eGFR $>45\text{mL}/\text{min}/1.73\text{m}^2$ (A), even if well controlled on metformin alone (E)
- GLP-1RA as third-line therapy or if previous treatments are not tolerated (A), followed by DPP-4i (A)
- Reduce dose of glinides and reduce dose or discontinue SUs if eGFR $<45\text{mL}/\text{min}/1.73\text{m}^2$ to reduce risk of hypoglycaemia (A)
- Consult prescribing information for specific agents for dosing instructions based on eGFR (E)

Type 2 diabetes at high risk

HIGH RISK



- Consider initiating metformin + SGLT2i/GLP-1RA/DPP-4i rather than stepwise (E)
- Metformin as first-line therapy (A)
- SGLT2i or GLP-1RA or DPP-4i as second-line therapy where cost is not prohibitive (A). Of these, SGLT2i or GLP-1RA with proven CV benefit is preferred (E)
- Newer generation SUs or glinides when drug cost must be minimized (A)
- Pioglitazone in patients with NAFLD and where insulin resistance predominates (A)
- Basal insulin when other therapies have been explored and glycaemic targets are not met (E)
- Full basal–bolus insulin therapy only as a last resort (E)

Type 2 diabetes at high risk

OBSESITY



- Consider initiating metformin + GLP-1RA/SGLT2i rather than stepwise (E)
- Metformin as first-line therapy (A)
- GLP-1RA or SGLT2i as second-line therapy (A)
- Where possible, avoid treatments that cause weight gain, including most SUs, glinides, pioglitazone and insulin (A)
- If basal insulin is required, consider fixed-ratio insulin/GLP-1RA combinations (A)

The elderly/frail with type 2 diabetes

ELDERLY/
FRAIL



- Avoid stringent glycaemic targets that increase risk of hypoglycaemia (E)
- Metformin as first-line therapy if tolerated and not contraindicated (A)
- DPP-4i is safe and easy to use (A)
- Assess adherence and avoid multiple daily injectable medications when possible (E)

