

# Pharmacological management of type 2 diabetes: A quick reference guide

## Who should be treated with pharmacotherapy?

- Adults with FPG 7 to <18 mmol/l (126 to <324 mg/dl) at diagnosis who do not achieve glycaemic goals 1 month after counselling on diet and physical activity
- Adults with FPG  $\geq 18$  mmol/l (or  $\geq 15$  mmol/l [269 mg/dl] with symptoms) and **ketones** <2 mmol/l at diagnosis
  - if ketones  $\geq 2$  mmol/l, **refer to higher level of care**



## What should the glycaemic goal be?



Aim for **FPG  $\leq 7$  mmol/l (126mg/dl)** in most individuals,  
or **HbA1c  $\leq 7\%$  (53 mmol/mol)** where available

**Targets should be individualised where possible**

More stringent targets may be appropriate for individuals treated with lifestyle and/or metformin. More relaxed targets may be appropriate for very frail individuals, or those with multiple comorbidities or a high risk of hypoglycaemia.

## WHO recommended pharmacotherapy

1

**First-line**

### Metformin

- Generally well-tolerated
- No risk of hypoglycaemia
- Should be taken with meals to reduce gastrointestinal side effects
- Titrate slowly to reduce risk of adverse effects

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**Second-line**

### Sulfonylurea (gliclazide)

- Generally well-tolerated
- Relatively low risk of hypoglycaemia (patients should be counselled on risk reduction and hypoglycaemia treatment)
- Associated with modest weight gain

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**Third-line**

### NPH insulin

- Very high blood glucose lowering efficacy
- High risk of hypoglycaemia (patients should be counselled on risk reduction and hypoglycaemia treatment)
- Associated with weight gain (patients may need support with weight management)
- Patients are likely to need support overcoming personal barriers to insulin treatment (e.g. fear of injections, stigma etc)