

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 ≥ 18 mmol/l (or ≥ 15 mmol/l [269 mg/dl] with symptoms) and **ketones** <2 mmol/l at diagnosis
 - if ketones ≥ 2 mmol/l, **refer to higher level of care**



What should the glycaemic goal be?



Aim for **FPG ≤ 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.

What is the recommended pharmacotherapy for FPG 7 to <18 mmol/l at diagnosis?

1

Metformin 500 mg 1 x daily, titrated up to 1,000 mg 1 x daily then 1,000 mg x 2 daily in 3-month increments if glycaemic goals not met



If glycaemic goals not met after 3 months

2

Add **gliclazide** 80 mg 1 x daily, titrated up to 80 mg 2 x daily if glycaemic goals not met after 3 months



If glycaemic goals not met after 3 months

3

Refer to higher level of care or begin **insulin protocol**

What is the recommended pharmacotherapy for FPG ≥ 18 mmol/l (or ≥ 15 mmol/l with symptoms) and ketones <2 mmol/l at diagnosis?

1

Metformin 1,000 mg 2 x daily and **gliclazide** 80 mg 2 x daily
Counsel on diet, physical activity and adherence



Review in 3–5 days

2

If glycaemic control improves: continue
If glycaemic control does not improve: **refer to higher level of care**



Review in 2–3 months

3

If goal achieved: consider reducing or stopping gliclazide
If goal not achieved: **refer to higher level of care**