**Chapter 2 Learning App: video outline**

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| Chapter: Pharmacological management of diabetes | Presenter: HCP with knowledge of treating diabetes with oral therapies |
| Lesson: Prompt initiation and intensification of therapy are essential to improve outcomes for people with type 2 diabetes | Video type: Expert commentary |
| Video title: Initiating oral therapies in the treatment of type 2 diabetes | Video shot: faculty straight to camera, positioned right or left. Animations to appear over shoulder and/or as full screen overlay where appropriate. |
| Video objective: To provide practical guidance on initiating and administering oral therapy, including when to add additional agents | Video setting: Self-filming in clinic or office |
| Video length: Approx 5-6 minutes | |

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| **Topic 1: Introduction to pharmacotherapy for type 2 diabetes**  **Duration of topic: 1 minute** | | |  |
| **Talking points/script** | **Animation (if applicable)** | **Timings** | **References** |
| * As we have already discussed in this chapter, type 2 diabetes is a progressive, chronic disease, which requires lifelong treatment and support. It often requires therapy intensification over time to maintain control of blood glucose. * The foundation of all interventions for type 2 diabetes is lifestyle interventions, which are so important that they have their own dedicated chapter in this learning tool. To summarize, people with diabetes should follow a sustainable, healthy diet, moderate their alcohol intake, take part in regular physical activity, manage stress, and engage in healthy sleep habits. * For the majority of people with type 2 diabetes, however, lifestyle interventions alone don’t enable them to achieve their glycaemic goal. For this reason, most people with type 2 diabetes need to be treated with medication. * In this video we will discuss who should be treated with diabetes medications, when to initiate these, how to titrate and how to appropriately monitor these patients. | The video will be a combination of full screen talking head and over the shoulder talking head with on screen animations.  Keywording: text screens depicting keywords highlighted in blue on the left | TBC in post-production |  |
| **Topic 2: First line medication – metformin**  **Duration of topic: 2 minutes** | | |  |
| **Talking points/script** | **Animation (if applicable)** | **Timings** |  |
| * The recommended first line medication for people with type 2 diabetes is **metformin**, an oral therapy. * The World Health Organization (or the WHO) recommends **initiating metformin therapy if fasting plasma glucose is >7 mmol/l (or 126 mg/dl) but <18 mmol/l (324 mg/dl) after 1 month of lifestyle interventions**. * After starting an individual on metformin, continue to review them **every 3 months**, or sooner if symptoms of hyperglycaemia (such as increased thirst and/or urination) occur. * If, after 3 months, an individual’s glycaemic target has not been achieved, treatment should be intensified. This means adding an **additional 500 mg metformin at 3-monthly intervals** up to a **maximum dose of 2000 mg** per day. * Metformin should be taken with food and split into two daily doses once taking >1000 mg daily. * As we discussed, treatment should be intensified every 3 months until glycaemic control is achieved. More regular review and faster titration of metformin dose might be appropriate for people with a higher initial blood glucose level who do not experience side effects. |  |  |  |
| **Topic 3: Understanding glycaemic targets**  **Duration of topic: 1 minute** | | |  |
| * So far, we have talked a lot about the importance of increasing medication doses if an individual is not achieving their glycaemic target, but how do you determine what their target should be? * Generally speaking, a fasting plasma glucose of **<7 mmol/l (126 mg/dl)** can be used as a guide to indicate blood glucose control, but targets should be **individualized where possible**. * In younger adults who are otherwise healthy and who have a low risk of hypoglycaemia, a lower target is often appropriate. * Older or frail adults, or those who have multiple comorbidities and/or high risk for hypoglycaemia might require a more relaxed glycaemic goal. * If an individual is not meeting their glycaemic target, their dose of medication should be increased or another medication added if they are already at the maximum dose. * It should also be noted that if an individual presents with a fasting or random plasma glucose of **>18 mmol/l** **(324 mg/dl)**, it is important to check for the presence of ketones in blood or urine. **Ketone levels ≥2 mmol/l** means the individual should start treatment with a sulfonylurea such as gliclazide immediately. | . |  |  |
| **Topic 4: Second-line medications: sulfonylureas**  **Duration of topic: 1 minute** | | |  |
| * Metformin alone often isn’t enough to manage blood glucose levels in people with type 2 diabetes. * Many newer classes of glucose-lowering therapies, such as SGLT2i and GLP-1 RAs, are available globally, but access and cost restrict their use in resource-limited settings. The recommendations for non-insulin therapies discussed in this video are based on WHO guidelines, which take into account the accessibility and affordability of agents alongside their established efficacy and safety. * It is worth noting that generic formulations of certain newer drugs, such as the SGLT2is, are now becoming more widely available, lowering costs and improving access to medication for people with T2D worldwide. * The WHO recommends the addition of a **sulfonylurea** if glycaemic targets are not achieved with metformin alone. A sulfonylurea might be used instead of metformin if contraindications are present. * **Gliclazide** is the sulfonylurea included on the WHO model list of essential medicines. It should be initiated at a dose of **80 mg once daily**. Following this, 3-monthly reviews should be continued. If glycaemic goal is not achieved, gliclazide should be increased to **80 mg twice daily**. If, after 3-months on the maximum dose of gliclazide and metformin, glycaemic target is not achieved, refer to higher levels of care or begin insulin. We will discuss how to initiate insulin later in this chapter. |  |  |  |
| **Topic 5: Summary**  **Duration of topic: 20 seconds** | | | |
| * To summarise, most people with type 2 diabetes will need medication to manage their blood glucose levels. Oral therapies are usually first-line treatments for type 2 diabetes, starting with metformin followed by gliclazide. |  |  |  |