

DM2 TREATMENT ALGORITHM redGDPS 2023

- 1. The choice of drug according to the predominant clinical condition prevails over the choice regarding HbAIc values. In green, options with proven event reduction.
- 2. If history of stroke, preferably pioglitazone or GLP1ra.
- 3. High CVR if \geq 3 CVRFs: Obesity, hypertension, hypercholesterolemia, smoking, albuminuria, GFR <60 ml/min, or family history of early CVD.
- 4. SGLT2i and/or GLP1ra with evidence of event reduction.
- 5. Currently, in Spain, GLP1ras are only financed if BMI ${\ge}30~kg/m^2$ at start of treatment.
- $\ensuremath{\mathsf{6}}.$ Titrate the Metformin dose to improve digestive tolerance.
- 7. If GFR <15 ml/min preferably DPP4i, repaglinide, or pioglitazone.
- 8. Cana, Dapa or Empagliflozin if GFR ≥20 ml/min.
- 9. Reduce metformin dose by half if GFR <45 ml/min and discontinue if GFR <30 ml/min.
- 10. Liraglutide, Dulaglutide, and Semaglutide may be prescribed if GFR \geq 15 ml/min.
- 11. De-intensification or simplification of complex therapeutic regimens is recommended. In patients with CVD, elevated CVR, HF, or CKD, use SGLT2i or GLPTra, if there is no contraindication.
- 12. If BMI >35 kg/m², choose GLP1ra and consider bariatric surgery. If hepatic steatosis, pioglitazone, GLP1ra and/or SGLT2i.
- 13. Do not associate DPP4i with GLP1ra or SU with repaglinide. Consider the patient's profile and renal function when choosing the third and fourth drug.
- 14. Consider an HbA1c <6.5% target in young, newly diagnosed, monotherapy or nonpharmacological patients.
- 15. Reassess HbA1c 3 months after initiation or after therapeutic change. Intensify treatment if the personalised objective is not achieved. When the objective has been achieved, HbA1c control every 6 months.
- 16. Gliclazide or glimepiride are those of choice.
- 17. Cardinal symptoms: polyuria, polydipsia and weight loss.

ABBREVIATIONS:

ACR: albumin/creatinine ratio; CKD: chronic kidney disease; CVD: cardiovascular disease; CVRFs: cardiovascular risk factors; DPP4i: dipeptidyl peptidase 4 inhibitor; GFR: glomerular filtration rate; GIPra: insulinotropic polypeptide receptor agonist; GLP1ra: glucagon-like peptide receptor agonist; HbA1c: glycosylated haemoglobin; HF: heart failure; Met: metformin; MPG: mean plasma glucose; NIAD: non-insulin antidiabetic drug; Pio: pioglitazone; SGLT2i: sodium-glucose cotransporter type 2 inhibitor; SU: sulfonylurea.

