

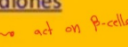


Medications in T2DM

Anti-diabetic medication

- 1 Insulin
- 2 Sensitizers  
 - 3.1 Biguanides
 - 3.2 Thiazolidinediones
- 3 Secretagogues 
 - 3.1 Sulfonylureas
 - 3.2 Nonsulfonylurea secretagogues
 - 3.2.1 Meglitinides
- 4 Alpha-glucosidase inhibitors
- 5 Peptide analogs
 - 5.1 Injectible Incretin mimetics
 - 6.1.1 Injectible Glucagon-like peptide analogs and agonists
 - 5.1.2 Gastric inhibitory peptide analogs
 - 5.1.3 Dipeptidyl Peptidase-4 Inhibitors
 - 5.2 Injectible Amylin analogues
- 6 Natural substances
 - 6.1 Plants
 - 6.2 Elements

- ASCVD or High risk:

Use GLP1 or SGLT2i

If A1C above target, add them together or use TZD in addition to one above.

- HF patients:

SGLT2i

- CKD patients: (GFR<60)

Prefferd: SGLT2I

You could use: GLP1 if the other not tolerated.

Glycemic management efficacy: (for glucose lowering meds)

- **Very high:**

Dulaglutide (High dose), semaglutide, Tirzepatide, Insulin, injectable GLP1 (as mounjaro)

- **High:**

Metformin, SGLT2I, Sulphonylurea, TZD

- **Intermediate:**

Dpp4i

Weight loss efficacy meds:

- **Very high:**

Semaglutide, Tirzepatide

- **High:**

Dulaglutide, Liraglutide

- **Intermediate:**

SGLT2I

- **Neutral:**

Dpp4i, Metoformin.

Notes:

- Note that always GLP1 considered high or VERY high.
- 1. Metoformin C/I in $GFR < 30$
- 2. SGLT2I usually given $60 < GFR < 90$
- 3. Metoformin causes B12 Def, also has common GI Side effects and worsening neuropathy.
- 4. Sulphonylurea causes hypoglycemia.
- 5. Insulin + Sulphonylurea + Thiazolidinediones causes weight gain.
- 6. Metoformin is the preferred initial pharmacologic agent, should be continued as tolerated. Has beneficial effects on A1C, weight, CV mortality.
- 7. To avoid metoformin GI ADR's, gradual dose titration or could be taken with meals.

8. Metoformin exerted really, so follow up Cr regularly.

Clinical considerations:

SGLT2i:

1. DKA risk
2. Increased risk of mycotic genital infections (due to lower threshold for glucosuria)
3. Fournier gangrene
4. Attention to volume stats + BP

GLP-1:

1. Risk of Thyroid C-cells tumor
2. GI upset + ileus
3. Pancreatitis (IMP)
4. Needs routine evaluation to gallbladder dis.

DPP4i:

1. Pancreatitis
2. Joint pain
3. Bullous pemphigoid

Thiazolidinediones:

1. Risk of HF + Fluid retention
2. Risk of bone fractures