

Adult with type 2 diabetes

Lifestyle interventions

Dietary control

If patient is hyperglycaemic, consider:

**SU** or **Short acting insulin**

review treatment when blood glucose has been controlled.

Metformin tolerated

Metformin contraindicated

**MET** Offer standard release initially

Consider modified release if not tolerated

48

If HbA1c rises to 48 mmol/mol

**Consider monotherapy**

**DPP** or **PIO** or **SU**

48 53

**MET** **DPP** or **MET** **PIO**

or

**MET** **SU** or **MET** **SGLT**

53

If HbA1c rises to 58 mmol/mol

**Consider dual therapy**

**DPP** **PIO** or **DPP** **SU**

or

**PIO** **SU**

53

**MET** **SU** **DPP** or **MET** **SU** **PIO**

or

**MET** **SGLT** or **MET** **PIO** **SGLT**

53

If HbA1c rises to 58 mmol/mol

**Consider triple therapy**

or

**Consider insulin programme**

Consider insulin programme 53

**Insulin Programme**

Continue **MET** + Review need for other HbA1c lowering drugs

**If any of:**

- Person needs help injecting
- Lifestyle restricted by hypoglycaemic episodes
- Would otherwise need twice-daily NPH insulin
- Person prefers injecting before meals
- Blood glucose rises markedly before meals
- Hypoglycaemia is a problem

**Consider:**

**No** → **NPH insulin** (once/twice daily) + **Short acting insulin**

**Yes** → **Insulin detemir** or **Glargine**

**Yes** → **Short acting insulin analogues**

Monitor people on insulin for the need to change the regimen

**If triple therapy fails:**

**BMI over 35** + Psychological/medical issues associated with obesity

**BMI under 35** + Insulin therapy would have significant occupational implications

Adjust BMI for black and asian people

or

Weight loss would benefit other obesity-related comorbidities

**Consider:**

**MET** **SU** + **Glucagon-like peptide-1 (GLP-1) mimetic**

Key

- MET** = Metformin
- SGLT** = Sodium-glucose cotransporter 2 Inhibitors
- PIO** = Pioglitazone
- SU** = Sulfonylurea
- DPP** = Dipeptidyl peptidase-4 Inhibitor
- 48** = Ideal HbA1c target

An individualised target may be needed, depending on person's:

- Preferences
- Comorbidities
- Risks from polypharmacy
- Risks from tight blood glucose control
- Ability to achieve long term benefits