

Algorithm for glucose lowering in patients with type 2 diabetes²

REVIEW AND SET GLYCAEMIC TARGET: HbA1c <7% (53 mmol/mol) OR INDIVIDUALISED AS AGREED

1st LINE OPTIONS in addition to lifestyle measures; START ONE OF

Metformin (MF)

Sulphonylurea* (SU)

- If intolerant of metformin or
- If weight loss/osmotic symptoms

Review and if not reaching target move to 2nd line

2nd LINE OPTIONS in addition to lifestyle measures, adherence to medication and dose optimisation; ADD ONE OF

Sulphonylurea* (SU)

Thiazolidinedione*

- If hypos a concern (eg driving, occupational hazards, at risk of falls) and
- If no congestive heart failure

DPP-IV inhibitor*

- If hypos a concern (eg driving, occupational hazards, at risk of falls)
- If weight gain a concern

Review and if not reaching target move to 3rd line

3rd LINE OPTIONS in addition to lifestyle measures, adherence to medication and dose optimisation; ADD OR SUBSTITUTE WITH ONE OF

ORAL (continue MF/SU if tolerated)

Thiazolidinedione*

If no congestive heart failure

DPP-IV inhibitor*

If weight gain a concern

INJECTABLE (if willing to self inject; continue MF/SU if tolerated)

Insulin* (inject before bed)

- If osmotic symptoms/rising HbA1c; NPH insulin initially
- If hypos a concern, use basal analogue insulin as an alternative
- Add prandial insulin with time if required

GLP-1 agonists*

- If BMI > 30 kg/m²
- If a desire to lose weight
- Usually < 10 years from diagnosis

Prescribers should refer to the British National Formulary (www.bnf.org) and the Scottish Medicines Consortium (www.scottishmedicines.org.uk) for updated guidance on licensed indications, full contraindications and monitoring requirements.

Usual approach

Alternative approach. Special considerations

* Continue medication if EITHER individualised target achieved OR HbA1c falls >0.5% (5.5 mmol/mol) in 3-6 months



Scottish Intercollegiate Guidelines Network
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