

ADA / EASD Consensus Statement - 2018

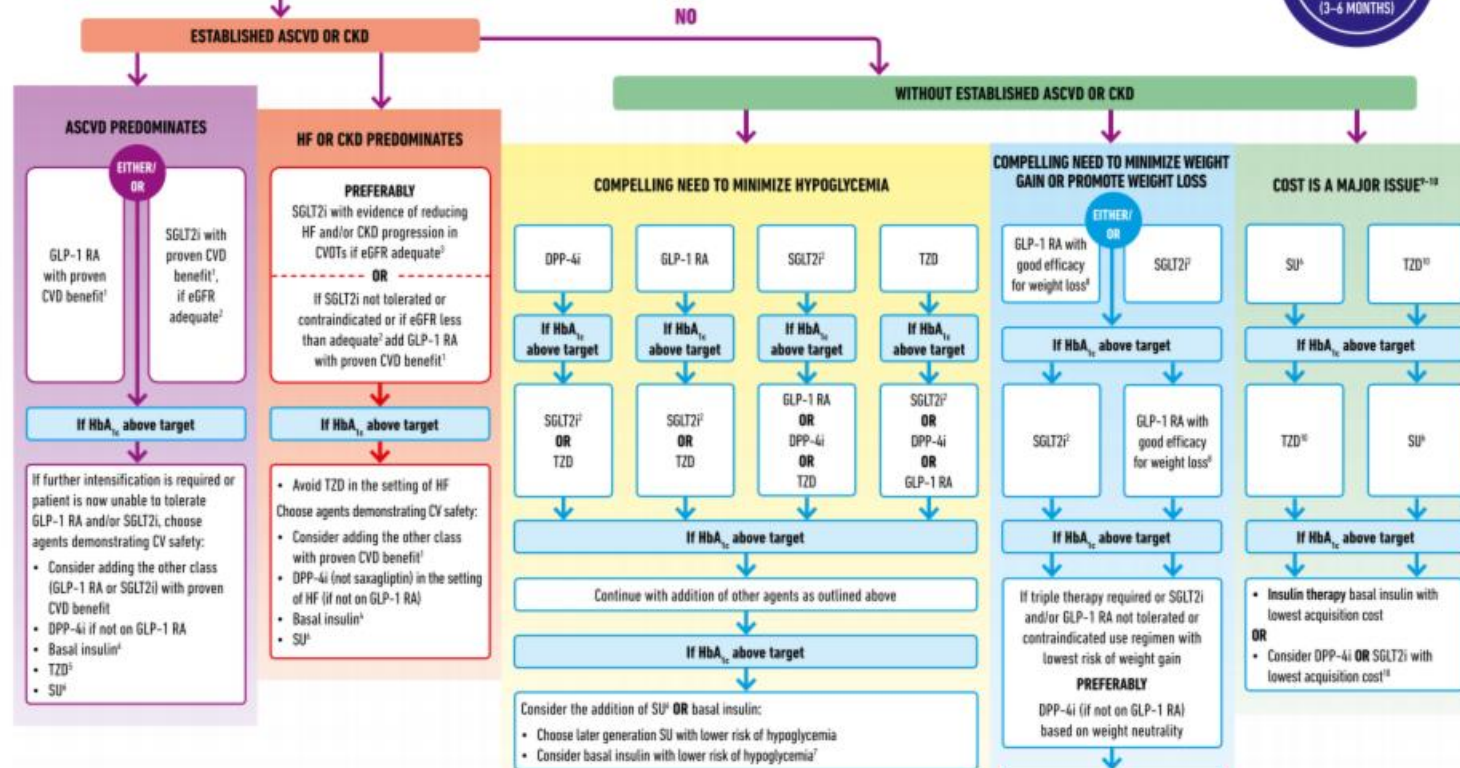
ADA - American Diabetes Association

EASD - European Association for the Study of Diabetes

GLUCOSE-LOWERING MEDICATION IN TYPE 2 DIABETES: OVERALL APPROACH

FIRST-LINE THERAPY IS METFORMIN AND COMPREHENSIVE LIFESTYLE (INCLUDING WEIGHT MANAGEMENT AND PHYSICAL ACTIVITY)
IF HbA_{1c} ABOVE TARGET PROCEED AS BELOW

TO AVOID CLINICAL INERTIA REASSESS AND MODIFY TREATMENT REGULARLY (3-6 MONTHS)



1. Proven CVD benefit means it has label indication of reducing CVD events. For GLP-1 RA strongest evidence for liraglutide - semaglutide - exenatide extended release. For SGLT2i evidence modestly stronger for empagliflozin - canagliflozin.
2. Be aware that SGLT2i vary by region and individual agent with regard to indicated level of eGFR for initiation and continued use
3. Both empagliflozin and canagliflozin have shown reduction in HF and reduction in CKD progression in CVDts
4. Degludec or U100 glargine have demonstrated CVD safety

5. Low dose may be better tolerated though less well studied for CVD effects
6. Choose later generation SU with lower risk of hypoglycemia
7. Degludec / glargine U300 - glargine U100 / detemir - NPH insulin
8. Semaglutide - liraglutide - dulaglutide - exenatide - lixisenatide
9. If no specific comorbidities (i.e., no established CVD, low risk of hypoglycemia, and lower priority to avoid weight gain or no weight-related comorbidities)
10. Consider country- and region-specific cost of drugs. In some countries, TZDs relatively more expensive and DPP-4i relatively cheaper

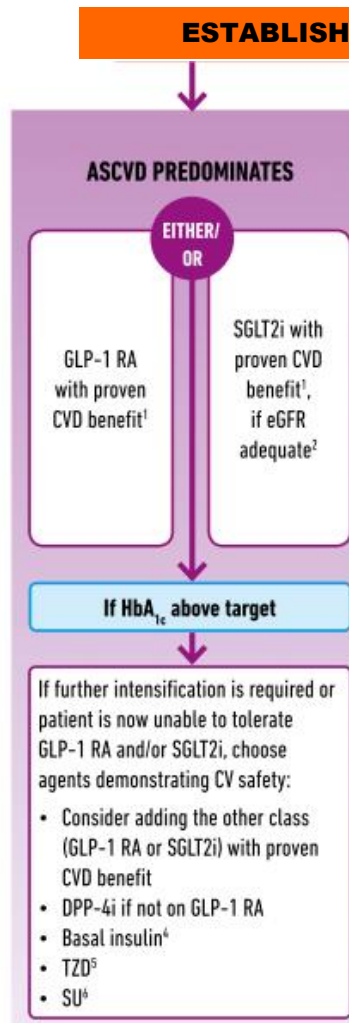
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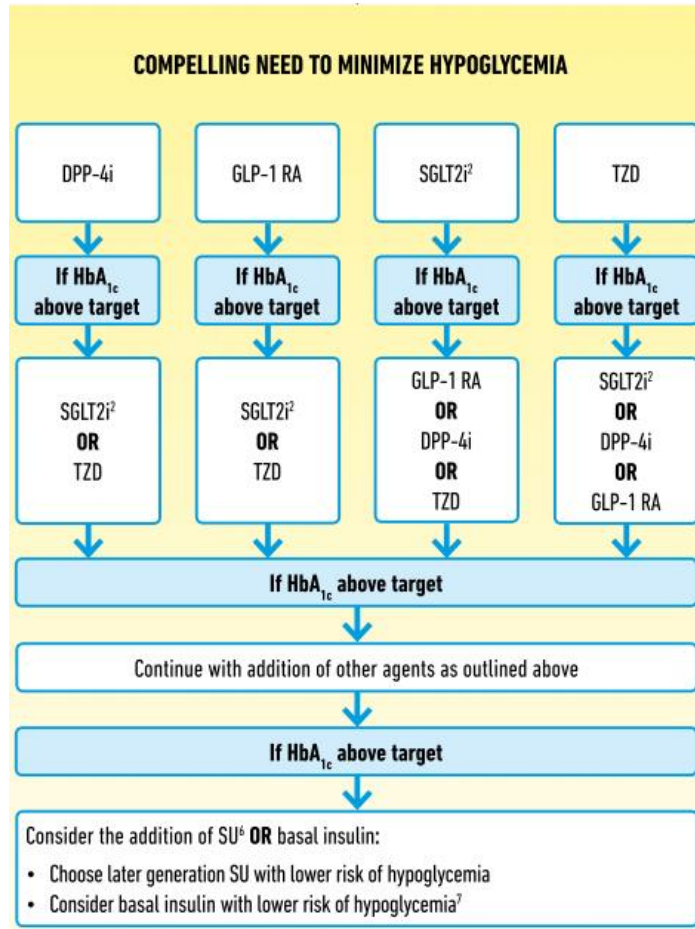
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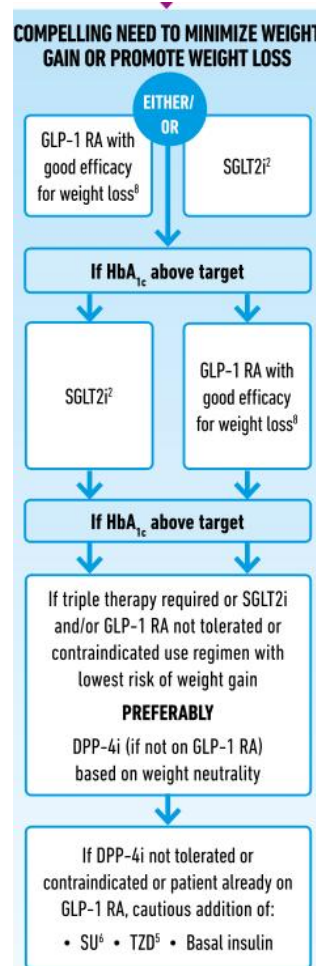
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