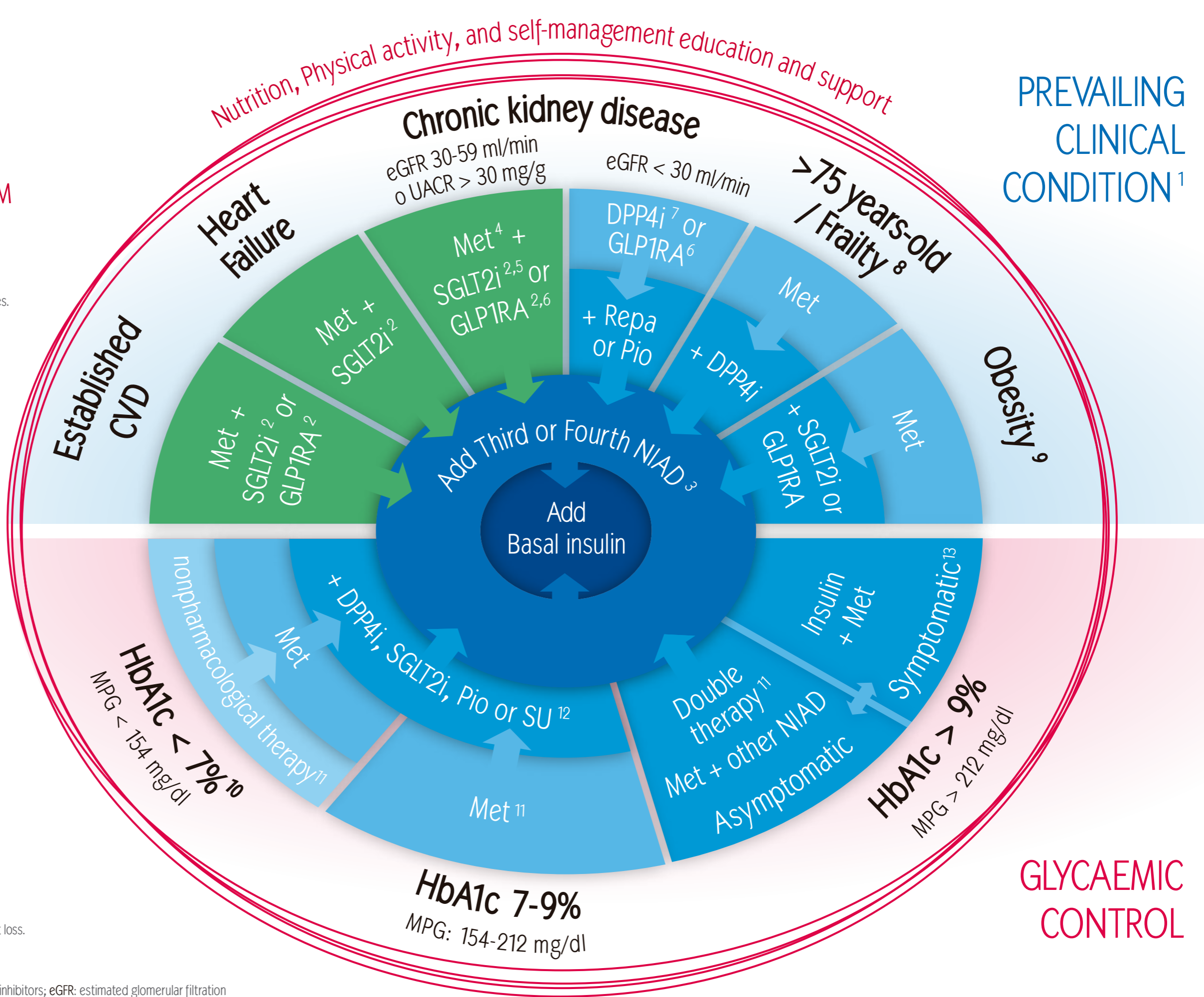


T2DM TREATMENT ALGORITHM
redGDPS 2020

1. The choice of the drug must be done according to the predominant clinical condition and prevails over HbA1c values. Green text shows options with demonstrated benefit.
2. SGLT2i and/or GLP-1RA with demonstrated benefit. In Spain, GLP-1RA are only funded if BMI > 30 kg/m².
3. Do not associate DPP4i with GLP-1RA nor SU with repaglinide.
4. Reduce metformin dose by half if eGFR < 45 ml/min and discontinue if eGFR < 30 ml/min.
5. Prescribe SGLT2i according to the EMA SmPC (April 2020): do not start if eGFR < 60 ml/min and suspend if eGFR < 45 ml/min.
6. Liraglutide, dulaglutide and semaglutide may be prescribed if eGFR > 15 ml/min.
7. Reduce dose according to the EMA SmPC, except linagliptin that does not require adjustment.
8. Deintensification (or simplification) of complex regimens is recommended to reduce the risk of hypoglycemia, especially in patients treated with insulin or sulfonylurea and HbA1c < 6,5%.
9. If BMI > 35 kg/m², GLP-1RA is preferred. Consider also bariatric surgery.
10. Consider a target of HbA1c ≤ 7% in young patients with recently diagnosed diabetes, who are in monotherapy or nonpharmacological therapy, and avoid drugs associated with high risk of hypoglycaemia.
11. Re-evaluate HbA1c levels three months after initiation or therapeutic change. Intensify treatment if the patient does not achieve the personalised objective. When the objectives of glycaemic control have been achieved, re-evaluate every six months.
12. Gliclazide or gimepiride.
13. Cardinal clinical features: polyuria, polydipsia and weight loss.

ABBREVIATIONS:
CVD: cardiovascular disease; DPP4i: dipeptidyl-peptidase 4 inhibitors; eGFR: estimated glomerular filtration rate; EMA: European Medicines Agency; GLP-1RA: glucagon-like peptide receptor agonist; HbA1c: glycosylated haemoglobin; Met: metformin; MPG: mean plasma glucose; NIAD: non-insulin antidiabetic drug; Pio: pioglitazone; Repa: repaglinide; SGLT2i: Sodium-glucose co-transporter 2 inhibitors; SmPC: Summary of Product Characteristics; SU: sulfonylurea; UACR: urine albumin/creatinine ratio.



Individualised goal. Check every 3-6 months¹¹