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Practice Aid

ADA/EASD Guidelines: Decision Cycle for Patient-Centred Glycaemic Management in T2DM

ADA: American Diabetes Association; DSMES: Diabetes Self-Management Education and Support; EASD: European Association for the Study of Diabetes; HbA1c: glycated haemoglobin; SMART: Specific, Measurable, Achievable, Realistic, Time-Limited; T2DM: type 2 diabetes mellitus.

Davies MJ et al. *Diabetes Care*. 2018;41:2669-2701.
Davies MJ et al. *Diabetologia*. 2018;61:2461-2498.

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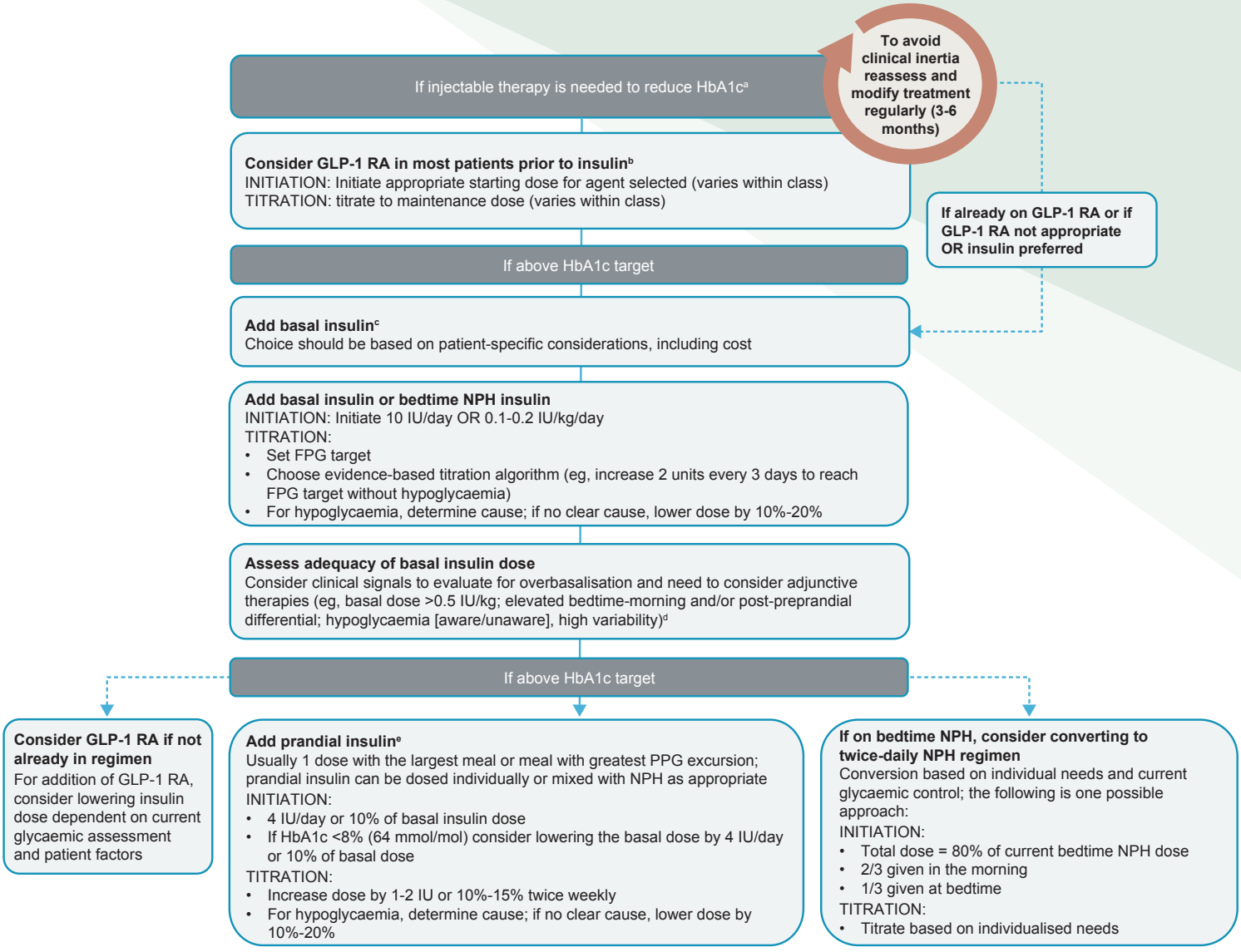
Practice Aid

Intensifying T2DM Therapy



[a] Consider insulin as the first injectable if evidence of ongoing catabolism, symptoms of hyperglycaemia are present, when HbA1c levels (>10% [86 mmol/mol]) or blood glucose levels (≥300 mg/dL [16.7 mmol/L]) are very high, or a diagnosis of type 1 diabetes is a possibility. [b] When selected GLP-1 RA, consider patient preference, HbA1c-lowering, weight-lowering effect, or frequency of injection. If CVD, consider GLP-1 RA with proven CVD benefit. Oral or injectable GLP-1 RAs are appropriate. [c] For patients on GLP-1 RA and basal insulin combination, consider use of a FRC (iDegLira or iGlarLixi). [d] Consider switching from evening NPH to a basal analog if patient develops hypoglycaemia and/or frequently forgets to administer NPH in the evening and would be better managed with am dose of long-acting basal insulin. [e] If adding prandial insulin to NPH, consider initiation of a self-mixed or premixed insulin regimen to decrease the number of injections required.

DSMES: diabetes self-management education and support; FPG: fasting plasma glucose; FRC: fixed-ratio combination; GLP-1 RA: glucagon-like peptide 1 receptor agonist; HbA1c: glycated haemoglobin; NPH: neutral protamine hagedorn; PPG: postprandial glucose; T2DM: type 2 diabetes mellitus.

American Diabetes Association (ADA). Standards of Care. Diabetes Care. 2021;44(suppl 1). https://care.diabetesjournals.org/content/diacare/suppl/2020/12/09/44.Supplement_1.DC1/DC_44_S1_final_copyright_stamped.pdf. Accessed 25 March 2021.

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Practice Aid

AE Management and Counselling for Patients With T2DM Receiving GLP-1 RA/Insulin Combination Therapy

GI AEs
- Most frequent: Nausea, diarrhoea, vomiting, constipation, abdominal pain, and dyspepsia
- GI AEs gradually subside with time, depending on the GLP-1 RA

Other AEs
- Hypoglycaemia, hypersensitivity, pre-renal AKI, ISR, increased heart rate, pancreatitis

Possible Unrealistic Expectations
- Drastic weight loss
- Immediate glycaemic control

Management of GI AEs
- Counselling: Mild and transient nature of symptoms
- Monitoring: Laboratory-based if required
- Empowerment

Pharmacologic Management
- Dose titration: Start slow, go slow
- Centrally acting anti-emetics (eg, ondansetron, PPIs)
- Probiotics: Indirectly stimulate GIP secretion/increase lactobacilli population

Nonpharmacologic Management
- Intake of small, frequent meals
- Avoiding foods rich in fat or spice
- Munching on ginger

Management of Other AEs
- Regular contact with patient (eg, F2F, telephone)

Counselling
- Realistic expectation and goal setting
- Difference between insulin and GLP-1 RA
- Focus on lifestyle modification

AE: adverse event; AKI: acute kidney injury; F2F: face to face; GI: gastrointestinal; GIP: glucose-dependent insulinotropic polypeptide; GLP-1 RA: glucagon-like peptide 1 receptor agonist; HCP: healthcare provider; ISR: injection-site reactions; PPI: proton pump inhibitor; T2DM: type 2 diabetes mellitus.
Based on Kalra S et al. *Diabetes Ther.* 2019;10:1645-1717.