

Type 2 DM – Glucose Control

DM DX – at least two (same or combination)

1. FPG \geq 126
2. 2° (OGTT) \geq 200
3. Non-fasting lab glucose \geq 200 with symptoms

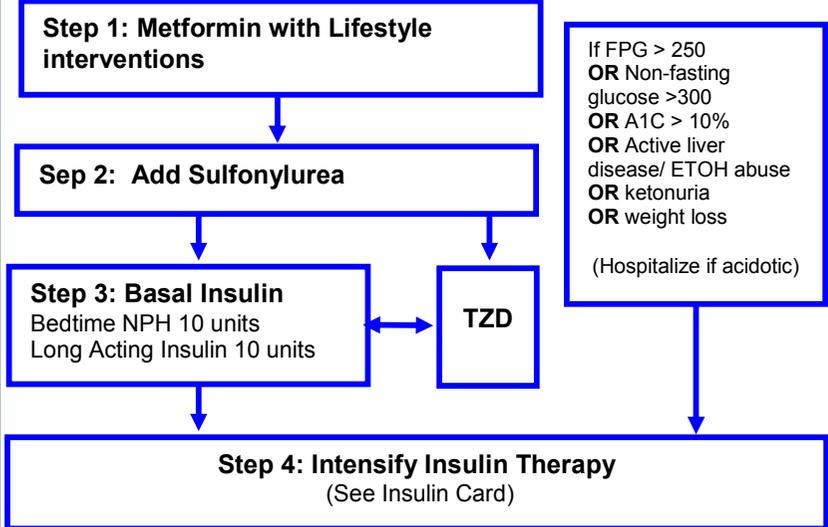
Impaired Fasting Glucose = FPG 100-125

Impaired Glucose Tolerance = 2° OGTT 140-199

DM BG Targets

Premeal: < 70-130
 2°PP: <160-180
 A1C: 6.5-7%

Individualize if elderly or co-morbidity



Immunizations

Pneumovax—At Dx & again at age 65 (if \geq 5 yrs. since 1st shot)
Flu shots yearly
Td /Tdap (routine)
PPD once after Dx of DM (Pos is \geq 10mm)

Don't Forget

Glucose toxicity— Insulin production \downarrow 's if prolonged hyperglycemia; insulin shots short-term reverse this.
Pancreatic Exhaustion— Almost all Type 2 diabetics will eventually require insulin.

Monitoring of DM

A1c every 3 months
 Creatinine and GFR yearly
 UA yearly
 Microalbumin yearly
 Lipid Panel yearly
 EKG every 2-5 years
 Complete Foot Exam yearly
 - Foot inspection each visit
 Retinopathy exam yearly
 Paps, Mammograms, Contraception
 Evaluate sexual function
 Depression, Tobacco, ETOH, DV screening yearly

Type 2 DM – Glucose Control

Biguanides: Metformin & Metformin XR (Glucophage®)

Start 500 mg daily with meals and increase no faster than 500 mg each week. If GI sx occur may increase more slowly.

Max. dose: 2000mg daily or divided with XR tablets. Do not split XR tablets.
 2500 mg divided BID-TID with regular release tablets.

Can decrease weight. Pt. must have normal creatinine (males <1.5, females <1.4), no heart failure or liver disease (check ALT) and no significant ETOH use. Discontinue before surgery or IV contrast dye administration.

Sulfonylureas: Glyburide (Micronase®) and Glipizide (Glucotrol®)

Start 2.5-5mg daily – Max 10 mg BID

Can increase weight and cause hypoglycemia

Thiazolidinediones: Pioglitazone (Actos®)

Start 15mg daily; may increase to 30mg daily (little benefit dosing over 30mg)

Max A1c changes may take up to 12 weeks to occur

Check ALT at baseline & periodically. No underlying liver dz or significant ETOH use.
 Warning: may cause Heart Failure. May use in renal insufficiency. Can cause weight gain.

Sitagliptan (Januvia®) - DPP-4 Inhibitor

May reduce weight, mild to mod A1c lowering

Dose: 100mg PO daily

Reduce dose if \geq Stage 3 CKD

Exenatide (Byetta®) - GLP1 mimetic

Can decrease weight, mild to mod A1c lowering

Start 5 mcg/dose BID

Administer within 60 minutes before meals

Weekly dose (Byetta LA®) is under investigation

May increase to 10 mcg/dose BID after 1 month of treatment

Do not use if \geq Stage 4 CKD

Available as a pen

Do not mix in same syringe as insulin

May be associated with pancreatitis – seek medical care if persistent severe abdominal pain with or without vomiting

Pramlintide (Symlin®) - Amylin mimetic

Mild A1c lowering, small decrease in weight

Start 60micrograms daily subcutaneously immediately before a major meal

(Reduce preprandial (short acting) insulin by 50% as appropriate)

Start with lower doses in type 1 diabetes

May increase to 120micrograms after significant nausea is gone x 3-7 days

Available as a pen

Do not mix in same syringe as insulin

Drugs names in *italics* are not on the IHS National Core Formulary

Ref: ADA Clinical Practice Recommendations 2007, 2008

http://care.diabetesjournals.org/content/vol30/suppl_1/