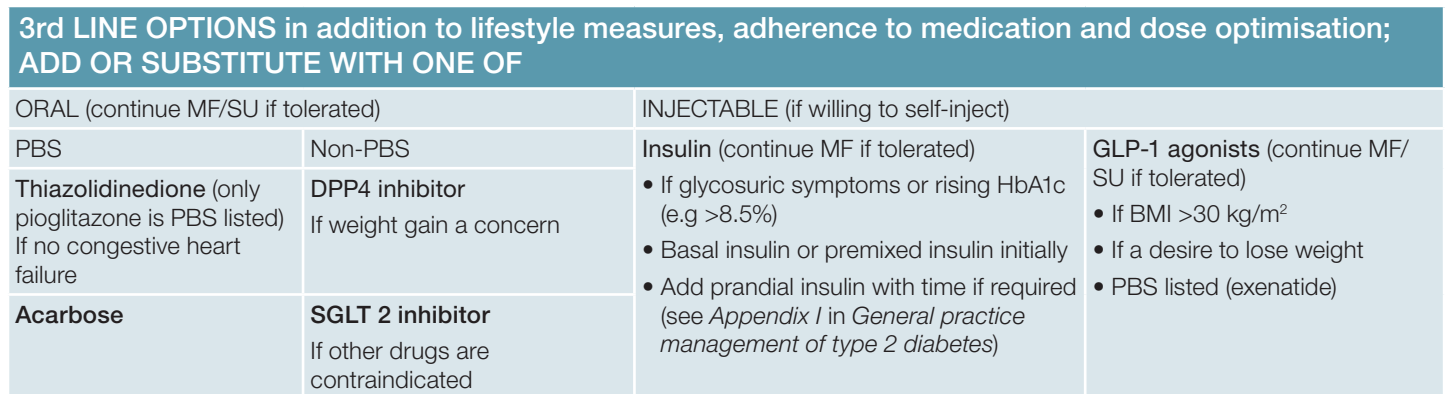
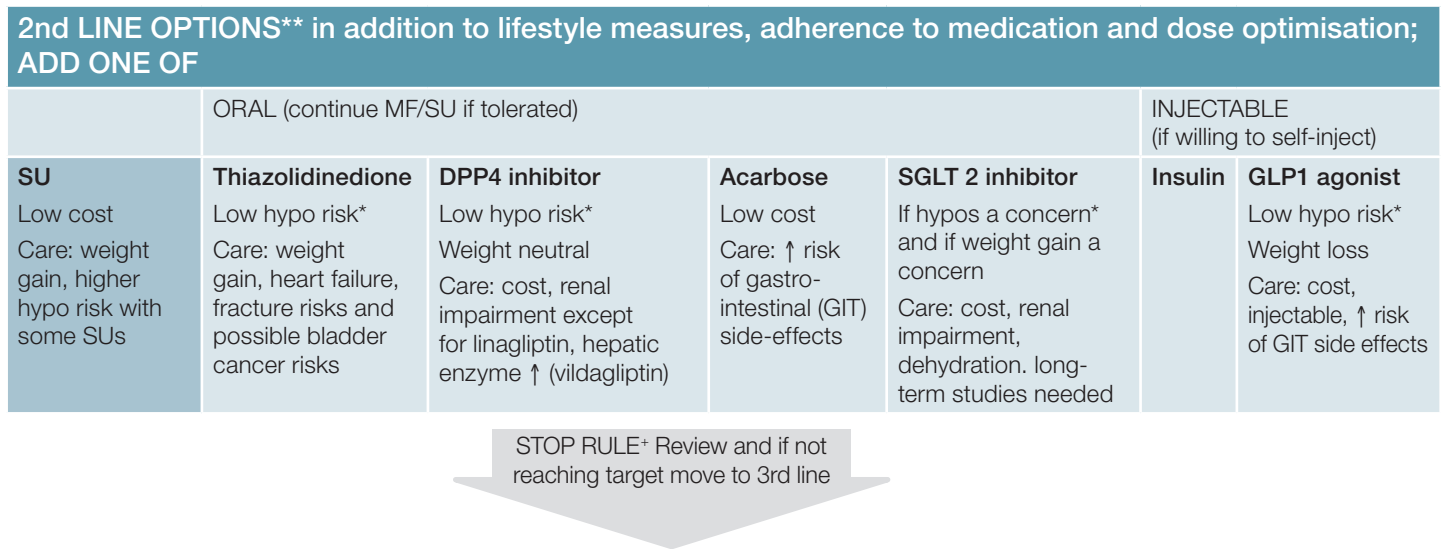
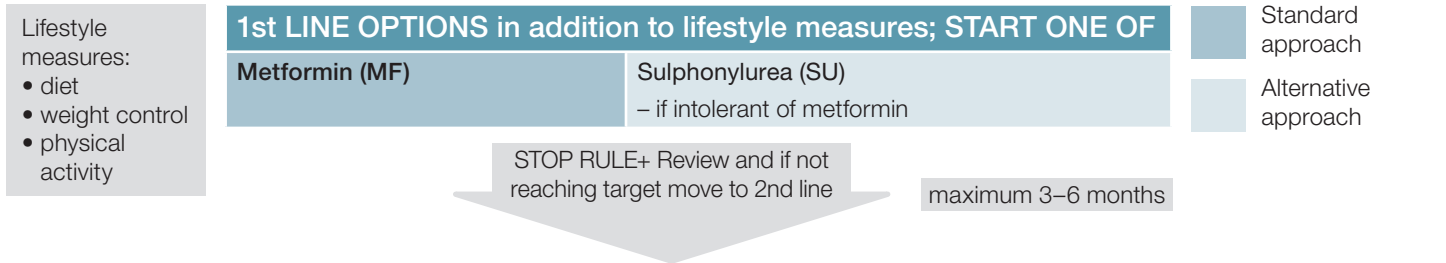


# Algorithm for lowering glucose in type 2 diabetes

**Review and set glycaemic target: HbA1c <7% (53 mmol/mol) or individualised as agreed**



+THE STOP RULE – If despite adequate titration doses of medication, blood glucose targets are not being attained after 6 months at the most – STOP and:

- check the patient’s understanding of medical and self-management (health literacy) – reinforcement of lifestyle factors influencing health and fitness targets is appropriate
- review: non-adherence will affect ability to achieve targets and may increase risks of short-term and long-term complications
- exclude occult infection (e.g. urinary) or medications which may interfere with control (e.g. steroids) and consider alternate diagnoses such as LADA.

Ask at each visit about hypoglycaemia or other side effects of medication. This is especially relevant for patients who achieve lifestyle changes and are on SUs or insulin. When choosing an agent or agents, consider whether there has been either a prospective cardiovascular outcome trial or at least cardiovascular risk assessment trials

Prescribers should refer to the PBS for updated guidance on licensed indications, full contraindications and monitoring requirements

\* Hypoglycaemia may affect driving, create occupational hazards and increase risk of falls (particularly in the elderly)

\*\* Continue medication if EITHER individualised target achieved OR HbA1c falls more than 0.5% (5.5 mmol/mol) in 3–6 months