

WHO issues recommendations for Tx intensification in T2DM

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thiazolidinedione may be added if insulin is unsuitable. Four, in adults with type 1 diabetes, and in adults with type 2 diabetes for whom insulin is indicated, human insulin should be used to manage blood glucose. Five, long-acting insulin analogues should be considered to manage [blood glucose](#) in adults with type 1 or type 2 diabetes who have frequent, severe hypoglycemia with human insulin.

"The decision to name sulfonylureas as the single best second-line agent largely reflects the prioritization of cost and the recognition that WHO guidelines must apply to low-resource settings," write the authors of an accompanying editorial.

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(HealthDay)—Recommendations have been developed by the World Health Organization for treatment intensification in type 2 diabetes. The recommendations were published online Sept. 4 in the *Annals of Internal Medicine*.

Gojka Roglic, M.D., and Susan L. Norris, M.D., M.P.H., from the World Health Organization in Switzerland, developed recommendations to provide guidance on medicine selection for treatment intensification in type 2 [diabetes](#), and use of insulin in type 1 and 2 diabetes.

The researchers developed five recommendations. One, a sulfonylurea should be given to patients with type 2 diabetes who do not achieve glycemic control with metformin alone or who have contraindications to metformin. Two, human insulin treatment should be introduced to patients with type 2 diabetes who do not achieve [glycemic control](#) with metformin and/or a sulfonylurea. Three, a dipeptidyl peptidase-4 inhibitor, a sodium-glucose cotransporter-2 inhibitor, or a

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