

ADA updates guideline for pharmacotherapy of T2DM

1 September 2020



considered. To guide the choice of pharmacologic agents, a patient-centered approach should be used. A sodium-glucose cotransporter-2 inhibitor or glucagon-like peptide-1 receptor agonist (GLP-1 RA) with demonstrated cardiovascular disease benefit is recommended for patients with type 2 diabetes who have established atherosclerotic cardiovascular disease or indicators of high risk, established kidney disease, or heart failure. GLP-1 RAs are preferred to insulin in patients with type 2 diabetes who need greater glucose lowering than can be obtained with oral agents.

"The medication regimen and medication-taking behavior should be reevaluated at [regular intervals](#) (every three to six months) and adjusted as needed to incorporate specific factors that affect choice of treatment," the authors write.

More information: [Abstract/Full Text](#)

(HealthDay)—In a 2020 American Diabetes Association clinical guideline, published online Sept. 1 in the *Annals of Internal Medicine*, recommendations are presented for the pharmacologic treatment of adults with type 2 diabetes.

Kacie Doyle-Delgado, D.N.P., from St. Mark's Hospital and St. Mark's Diabetes Center in Salt Lake City, and colleagues updated recommendations relating to the pharmacologic treatment of adults with type 2 diabetes based on a review of the recent evidence.

The authors note that the initial pharmacologic agent preferred for treatment of type 2 diabetes is metformin. In some patients, early combination therapy is recommended at treatment initiation to extend time to treatment failure. In the case of evidence of ongoing catabolism ([weight loss](#)), if symptoms of hyperglycemia are present, or when hemoglobin A1c or [blood glucose levels](#) are very high, early introduction of insulin should be

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