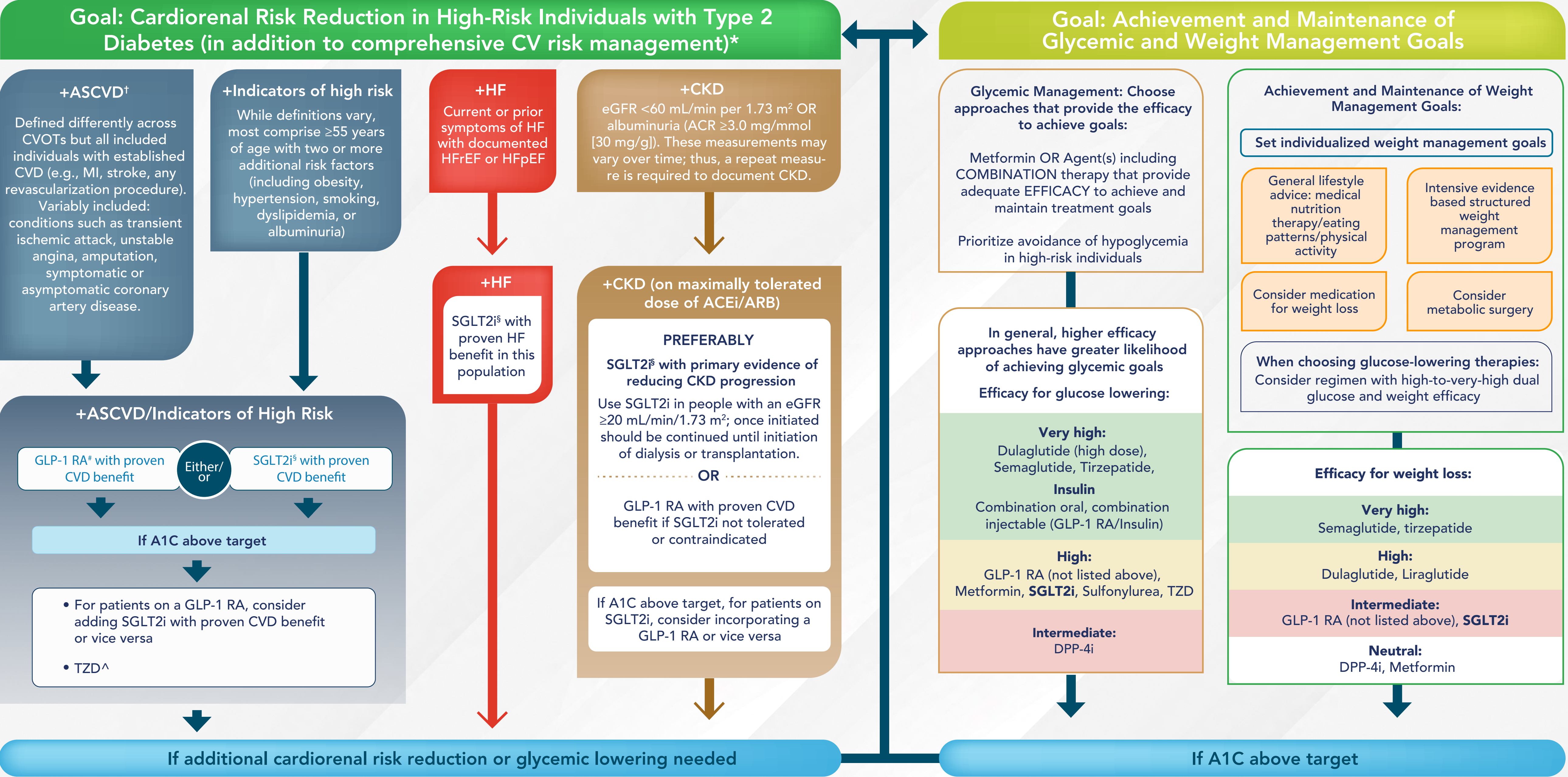


Use of glucose-lowering medications in the management of Type 2 Diabetes

Healthy lifestyle behaviors; diabetes self-management education and support (DSMES); social determinants of health (SDOH)

TO AVOID THERAPEUTIC INERTIA REASSESS AND MODIFY TREATMENT REGULARLY (3-6 MONTHS)



*In people with HF, CKD, established CVD or multiple risk factors for CVD, the decision to use a GLP-1 RA or SGLT2i with proven benefit should be independent of background use of metformin:† A strong recommendation is warranted for people with CVD and a weaker recommendation for those with indicators of high CV risk. Moreover, a higher absolute risk reduction and thus lower numbers needed to treat are seen at higher levels of baseline risk and should be factored into the shared decision-making process. See the text for details; ^Low-dose TZD may be tolerated and similarly effective; §for SGLT2i, CV/renal outcomes trials demonstrate their efficacy in reducing the risk of composite MACE, CV, death, all-cause mortality, MI, HFrEF, and renal outcomes in individuals T2D with established/high risk of CVD; #for GLP-1 RA, CVOTs demonstrate their efficacy in reducing composite MACE, CV, death, all-cause mortality, MI, stroke and renal endpoints in individuals with T2D with high risk of CVD.

Figure 9.3: Use of glucose-lowering medications in the management of type 2 diabetes.

Reference: Adapted from Davies et al. (84). Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes—2024. American Diabetes Association, Professional Practice Committee. Diabetes Care 2024;47(Suppl. 1):S158–S178 | <https://doi.org/10.2337/dc24-S009>

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- Identify barriers to goals:**
- Consider DSMES referral to support self-efficacy in achievement of goals
 - Consider technology (e.g., diagnostic CGM) to identify therapeutic gaps and tailor therapy
 - Identify and address SDOH that impact achievement of goals

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Goal: Cardiorenal Risk Reduction in High-Risk Individuals with Type 2 Diabetes (in addition to comprehensive CV risk management)*

Goal: Achievement and Maintenance of Glycemic and Weight Management Goals

Abbreviations

ACEi: angiotensin-converting enzyme inhibitor; **ACR:** albumin-to-creatinine ratio; **ARB:** angiotensin receptor blocker; **ASCVD:** atherosclerotic cardiovascular disease; **CGM:** continuous glucose monitoring; **CKD:** chronic kidney disease; **CV:** cardiovascular; **CVD:** cardiovascular disease; **CVOT:** cardiovascular outcomes trial; **DPP-4i:** dipeptidyl peptidase 4 inhibitor; **eGFR:** estimated glomerular filtration rate; **GLP-1 RA:** glucagon-like peptide 1 receptor agonist; **HF:** heart failure; **HFpEF:** heart failure with preserved ejection fraction; **HFrEF:** heart failure with reduced ejection fraction; **HHF:** hospitalization for heart failure; **MACE:** major adverse cardiovascular events; **MI:** myocardial infarction; **SDOH:** social determinants of health; **SGLT2i:** sodium-glucose cotransporter 2 inhibitor; **T2D:** type 2 diabetes; **TZD:** thiazolidinedione.

If additional cardiorenal risk reduction or glycemic lowering needed

If A1C above target

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Abbreviations

