HOLISTIC PERSON-CENTERED APPROACH TO T2DM MANAGEMENT

**GOALS OF CARE**
- Prevent complications
- Optimize quality of life

**PRINCIPLES OF CARE**
- Medication for Glycemic Management
- Cardiorenal Protection - choice of glucose-lowering medication
- Language matters
- Shared decision-making
- Consider local health care setting and resources
- Complication surveillance and screening
- Health behavior modification
- Monitoring and ongoing review
- Reducing risk of hypoglycemia
- Effective practice and organization of care
- Consider underlying physiology

**CARDIOVASCULAR RISK FACTOR MANAGEMENT**
- CV risk factor screening and surveillance
- BP lowering
- Lipid lowering
- Antithrombotic agents
- Smoking cessation

**WEIGHT MANAGEMENT**
- Set individualized weight management goals
  - General lifestyle advice: medical nutrition therapy/eating patterns/physical activity
  - Intensive evidence-based structured weight management program
  - Consider medication for weight loss
  - Consider metabolic surgery
  - When choosing glucose-lowering therapies: Consider regimen with high-to-very-high dual glucose and weight efficacy

**COMPONENTS OF CARE**
- Glycemic Management: Choose approaches that provide the efficacy to achieve goals:
  - Metformin OR Agent(s) including COMBINATION therapy that provide adequate EFFICACY to achieve and maintain treatment goals
  - Consider avoidance of hypoglycemia a priority in high-risk individuals

**PREFERABLY**
- SGLT2i with primary evidence of reducing CKD progression
- Use SGLT2i in people with an eGFR ≥10 mL/min per 1.73 m²; once initiated should be continued until initiation of dialysis or transplantation
- OR
- GLP-1 RA with proven CVD benefit if SGLT2i not tolerated or contraindicated

**+ASCVD/Indicators of High Risk**
- GLP-1 RA with proven CVD benefit
- SGLT2i with proven CVD benefit

**+HF**
- SGLT2i with proven HF benefit in this population

**+CKD (on maximally tolerated dose of ACEi/ARB)**
- If additional cardiorenal risk reduction or glycemic control needed, consider combination SGLT2/GLP-1 RA

Ensure strategies are in place to detect and optimize management of CV risk factors including:
- CV risk factor screening and surveillance
- BP lowering
- Lipid lowering
- Antithrombotic agents
- Smoking cessation
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)**

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

- **ASCVD†**
  - Defined differently across CVTs but all included individuals with established CVD (e.g., MI, stroke, any revascularization procedure).
  - Variably included: conditions such as transient ischemic attack, unstable angina, amputation, symptomatic or asymptomatic coronary artery disease.

- **Indicators of high risk**
  - While definitions vary, most comprise ≥55 years of age with two or more additional risk factors (including obesity, hypertension, smoking, dyslipidemia, or albuminuria).

- **HF**
  - Current or prior symptoms of HF with documented HFrEF or HfPEF

- **eGFR <60 mL/min per 1.73 m² OR albuminuria (ACR ≥3.0 mg/mmol [30mg/g]).**
  - These measurements may vary over time; thus, a repeat measure is required to document CKD.

- **CKD (on maximally tolerated dose of ACE/ARB)**

- **SGLT2i‡ with proven HF benefit in this population**

- **PREFERABLY**
  - SGLT2i with primary evidence of reducing CKD progression
  - Use SGLT2i in people with an eGFR ≥60 mL/min per 1.73 m²; once initiated should be continued until initiation of dialysis or transplantation

  - GLP-1 RA with proven CV benefit if SGLT2i not tolerated or contraindicated

- **If HbA₁c above target**
  - For patients on a GLP-1 RA consider adding SGLT2i with proven CV benefit or vice versa
  - TZD

- **If additional cardiorenal risk reduction or glycemic lowering needed**

**Goal:** Achievement and Maintenance of Glycemic and Weight Management Goals

- **Glycemic Management:** Choose approaches that provide the efficacy to achieve goals:
  - Metformin OR Agent(s) including COMBINATION therapy that provide adequate EFFICACY to achieve and maintain treatment goals
  - Consider avoidance of hypoglycemia a priority in high-risk individuals

- **Achievement and Maintenance of Weight Management Goals:**
  - Set individualized weight management goals
  - General lifestyle advice: medical nutrition therapy/eating patterns/physical activity
  - Intensive evidence-based structured weight management program
  - Consider medication for weight loss
  - Consider metabolic surgery

- **When choosing glucose-lowering therapies:**
  - Consider regimen with high- to very-high dual glucose and weight efficacy

- **Efficacy for glucose lowering**
  - Very High: Dulaglutide (high dose), Semaglutide, Tirzepatide
  - Insulin
  - Combination Oral, Combination Injectable (GLP-1 RA/Insulin)

  - High:
    - GLP-1 RA (not listed above), Metformin, SGLT2i, Sultfonylurea, TZD
    - Intermediate: DPP-4i
    - Neutral: DPP-4i, Metformin

- **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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* 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 text for details; ‡ Low-dose TZD may be better 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, HfP, and renal outcomes in individuals with T2D established/high risk of CVD; ¦ For GLP-1 RA, CVOTs demonstrate their efficacy in reducing composite MAE, CV death, all-cause mortality, MI, stroke, and renal endpoints in individuals with T2D established/high risk of CVD.

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