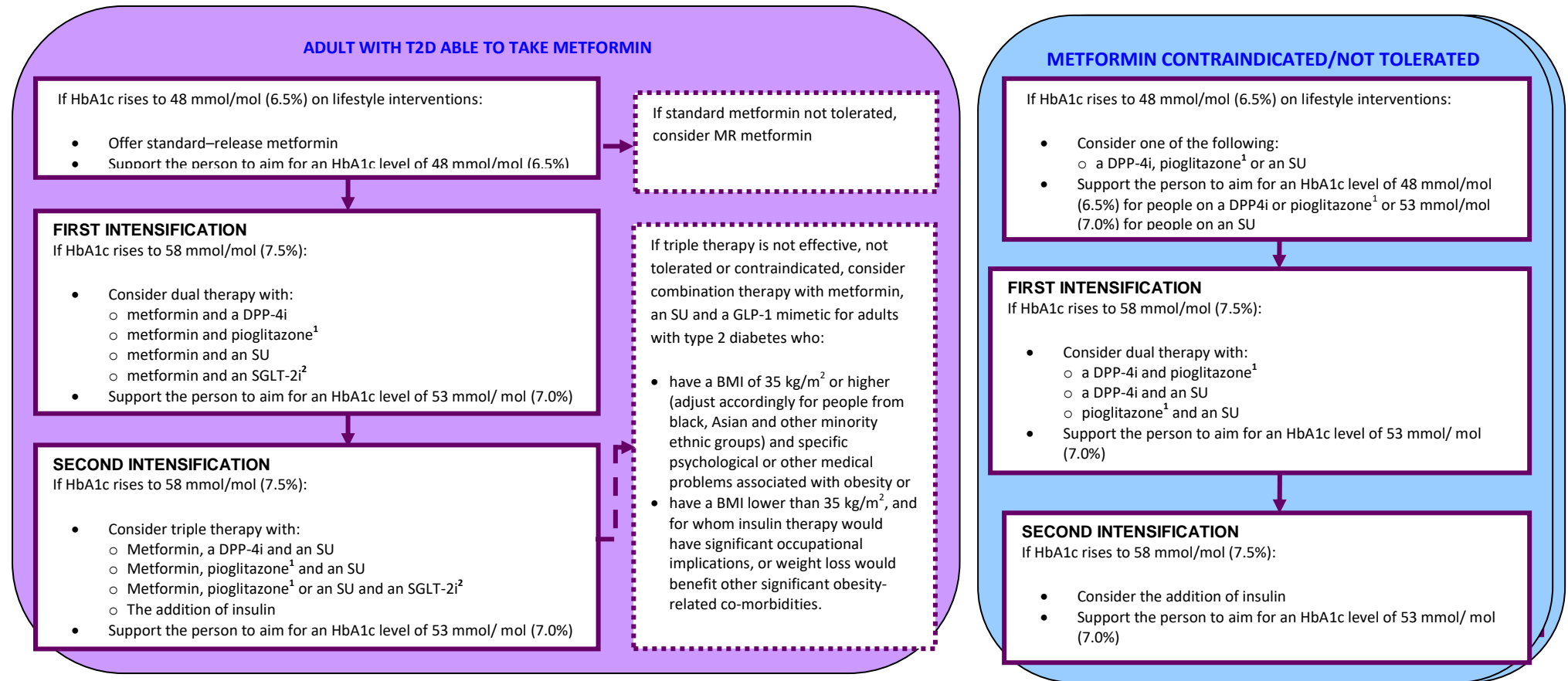


Barnsley Treatment Algorithm for the Management of Type 2 Diabetes (based on NICE guideline NG28: Dec 2015)

- Reinforce advice on diet, lifestyle and adherence to drug treatment.
- Agree an individualised HbA1c target based on a variety of factors including hypoglycaemia risk, disease duration, life expectancy, co-morbidities, vascular disease and motivation (see below). Check HbA1c 3-6 monthly and support person to achieve target.
- Do not routinely offer blood glucose self-monitoring unless the patient is on insulin or other drugs likely to cause hypoglycaemia, pregnant or likely to become pregnant or suffering from hypoglycaemia.



Key: T2D:Type 2 diabetes; HbA1c:Haemoglobin A1c; MR:modified release; DPP-4i:Dipeptidyl peptidase-4 inhibitor; SU:sulfonylurea; SGLT-2i; sodium-glucose cotransporter-2 inhibitor; GLP-1; glucagon-like peptide-1.

1. When prescribing pioglitazone, exercise particular caution if the person is at high risk of the adverse effects of the drug. Pioglitazone is associated with an increased risk of heart failure (particularly in combination with insulin), possible bladder cancer and bone fracture. Known risk factors for these conditions, including increased age, should be carefully evaluated before treatment: see the manufacturers' summaries of product characteristics for details. Medicines

and Healthcare products Regulatory Agency (MHRA) guidance (2011) advises that 'prescribers should review the safety and efficacy of pioglitazone in individuals after 3–6 months of treatment to ensure that only patients who are deriving benefit continue to be treated'.

2. Serious and life-threatening cases of diabetic ketoacidosis have been reported in people taking SGLT-2 inhibitors (canagliflozin, dapagliflozin or empagliflozin) or shortly after stopping the SGLT-2 inhibitor. [MHRA guidance \(2015\)](#) advises testing for raised ketones in people with symptoms of diabetic ketoacidosis, even if plasma glucose levels are near normal.

Use the agent from each class that is clinically effective and of lowest acquisition cost. Empagliflozin is the preferred SGLT-2i in the light of the Empa-Reg Outcome Study (2015), which demonstrated significant cardiovascular protection in people with diabetes with existing vascular disease.