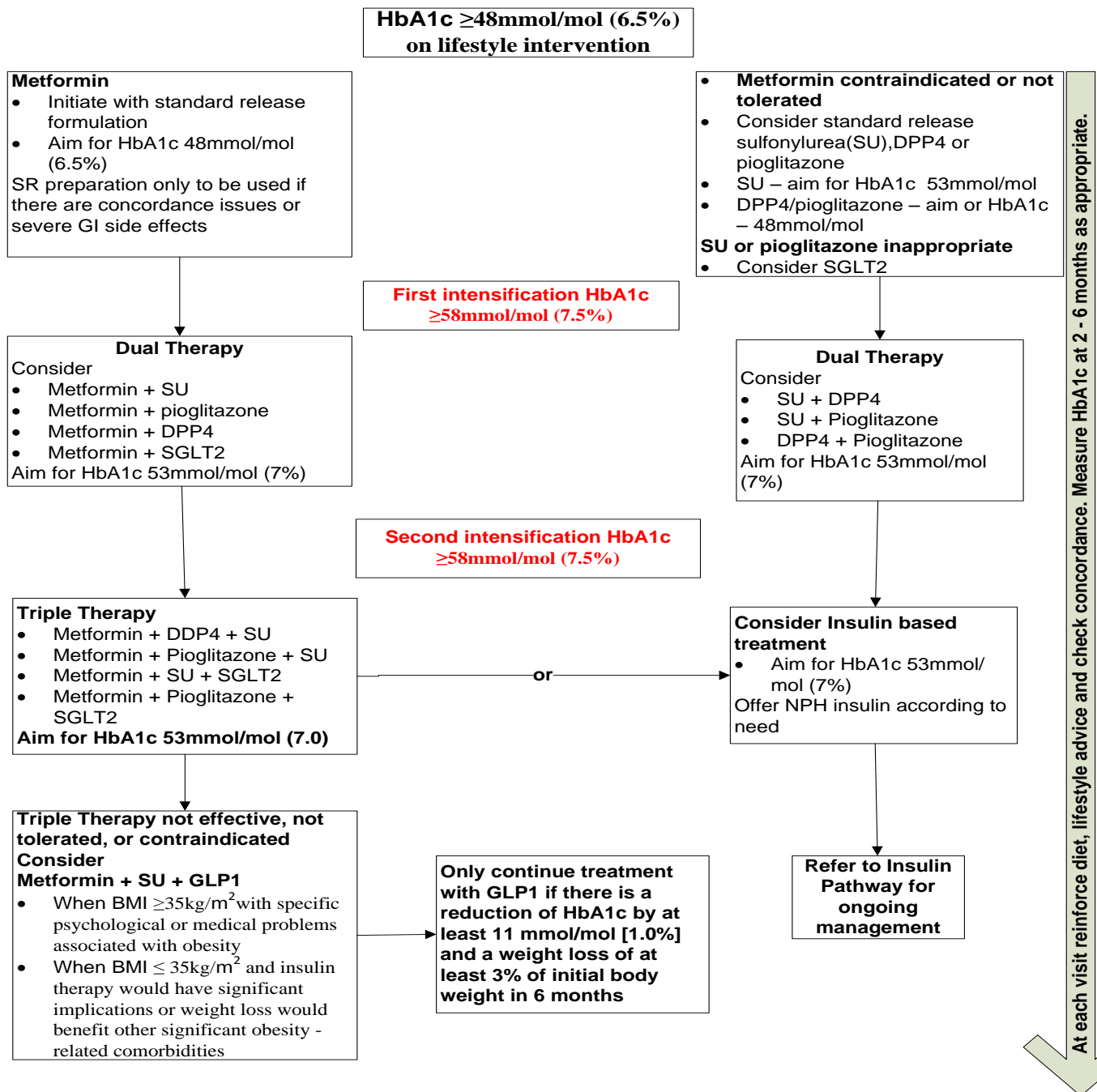


# Oral Hypoglycaemic agents

Please refer to NE Essex CCG home blood glucose monitoring guidelines for recommendations in patients with type 2 diabetes. Patients should be given an individualised self-management plan detailing agreed targets, dietary advice and lifestyle interventions. For dose, side-effects, interactions etc refer to BNF, individual products Summaries of Product Characteristics (available from emc+) and NICE guidance. If the person achieves an HbA1c target lower than target with no hypoglycaemia, encourage them to maintain it.

**If the person is symptomatically hyperglycaemic, discuss your treatment plan with your Link Nurse**



Individual drugs should be titrated to its maximum tolerated dose at each stage.

**Metformin & SGLT2 inhibitors** –reduce dose if the eGFR is < 45 ml/minute/1.73m<sup>2</sup> and stop if the eGFR is <30 ml/minute/1.73m<sup>2</sup>.

**DPP4 inhibitors** – reduce dose in renal impairment see individual monograph for further information.

**GLP1 agonists** – stop if the eGFR is <30 ml/minute/1.73m<sup>2</sup> **except** Exenatide MR – stop if the eGFR is 50 ml/minute/1.73m<sup>2</sup>.

**Ketosis** – serious & potentially life-threatening cases of DKA have been reported in patients taking **SGLT2 inhibitors** for type 2 diabetes. **Discontinue if DKA suspected & test for ketones even if plasma glucose levels are near-normal.**

**Pioglitazone** – contraindicated in heart failure or history of heart failure, previous or active bladder cancer & associated with increased risk of fractures. See MHRA/CHM advice for further information