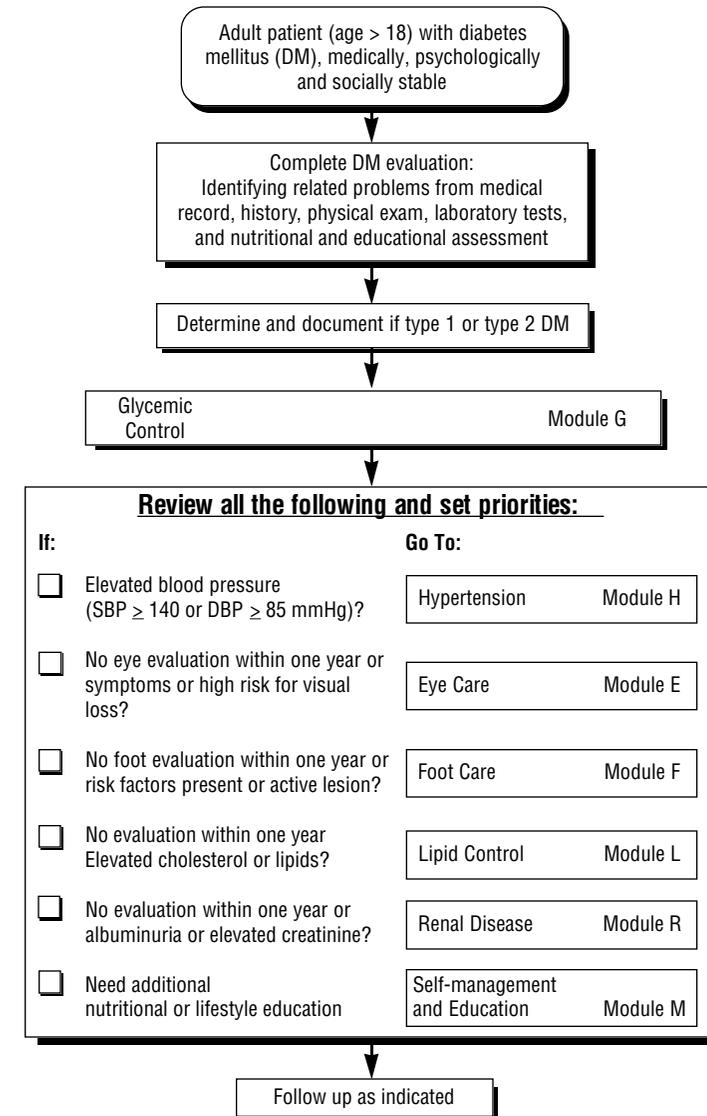


ORAL HYPOGLYCEMIC	DOSING		COMMENTS
<b>Sulfonylureas 2nd generation</b>			
glyburide	Initial Maintenance Maximum	1.25-5mg once daily 1.25-20mg in 1 or 2 divided doses 20mg in 1 or 2 divided doses	Administer once daily doses with breakfast or first main meal
glyburide micronized	Initial Maintenance Maximum	0.75-3mg once daily 0.75-12mg in 1 or 2 divided doses 12mg in 1 or 2 divided doses	Administer once daily doses with breakfast or first main meal
glipizide	Initial Maintenance Maximum	2.5-5mg once daily 5-20mg once daily 40mg in 2 divided doses	Administer once daily dose with breakfast or first main meal. Doses greater than 15mg/day should be divided and given twice daily.
glipizide extended release	Initial Maintenance Maximum	5mg once daily 5-10mg once daily 20mg once daily	Administer with breakfast
glimiperide	Initial Maintenance Maximum	1-2mg once daily 1-4mg once daily 8mg once daily	Administer with breakfast or first main meal
<b>Biguanides</b>			
metformin	Initial Maintenance Maximum	500mg bid or 850mg q am 850mg bid 2550mg in 3 divided doses	Administer with meals; contraindicated if creatinine >1.5 (male) or >1.4 (female); hold for patients undergoing IV dye procedures
<b>Alpha-glucosidase inhibitors</b>			
acarbose	Initial Maintenance Maximum	25mg tid 50mg tid 100mg tid ; 50mg tid ( <60kg)	Administer with first bite of each main meal
miglitol	Initial Maintenance Maximum	25mg tid 50mg tid 100mg tid	Administer with first bite of each main meal
<b>Thiazolidinediones</b>			Liver function tests at baseline with monitoring every two months during first year
rosiglitazone	Initial Maintenance Maximum	4mg qd or 2mg bid  8mg qd or 4mg bid	May be given without regard to meals
pioglitazone	Initial Maintenance Maximum	15 or 30mg qd 30mg qd 45mg qd	May be given without regard to meals 45mg dose studied only as monotherapy
<b>Meglitinides</b>			
repaglinide	Initial  Maintenance Maximum	0.5mg tid (patients who are hypoglycemic agent naive or have HbA 1c<8%). 1-2 mg tid (patients previously treated with hypoglycemics or have HbA1c>8%) 0.5-4mg tid 16mg/day	Administer within 15-30 minutes of each meal

# MANAGEMENT OF DIABETES MELLITUS

## Primary Care Core Algorithm



## CLASSIFICATION OF BLOOD PRESSURE IN DM <sup>(a)</sup>

	Systolic	and	Diastolic
Optimal	< 120 mm Hg		< 80 mm Hg
Normal	< 130 mm Hg		< 85 mm Hg
High-Normal	130-139 mm Hg	or	85-89 mm Hg
Hypertension	> 140 mm Hg	or	> 90 mm Hg

Blood pressure goal should be less than < 140/85, with lower target levels individualized.

Major co-morbidity includes, but is not limited to, any or several of the following conditions: cardiovascular disease, chronic obstructive pulmonary disease, chronic liver disease, stroke, malignancy, etc.

<sup>1</sup> Mild microvascular disease is defined by early background retinopathy, and/or microalbuminuria and/or mild neuropathy

<sup>2</sup> Moderate microvascular disease is defined by pre-proliferative retinopathy, macroalbuminuria and/or demonstrable peripheral neuropathy (sensory loss)

<sup>3</sup> Advanced microvascular disease is defined by severe non-proliferative, retinopathy and/or renal insufficiency (serum creatinine >2.0 mg/dl) and/or insensate extremities or severe autonomic neuropathy (gastroparesis, impaired sweating, orthostatic hypotension, etc.)

<sup>4</sup> Surrogate for >15 years of life expectancy

<sup>5</sup> Moderate degree of major co-morbid condition (surrogate for 5-15 years of life expectancy)

<sup>6</sup> Severe degree or end-stage major co-morbid condition (surrogate for <5 years of life expectancy)

**Every person with diabetes must have an annual documented foot risk assessment**

**Visual inspection of feet at routine primary care visit is recommended for high-risk patients**

## TARGET VALUE FOR HEMOGLOBIN A1c (HbA<sub>1c</sub>)

RISK FACTOR			
Major Co-Morbidity or Advanced Physiological Age	Microvascular Disease		
	Absent or Mild <sup>1</sup>	Moderate <sup>2</sup>	Advanced <sup>3</sup>
Absence <sup>4</sup>	<7% (<1% above upper normal range)	<8% (<2% above upper normal range)	<9% (<3% above upper normal range)
Present <sup>5</sup>	<8% (<2% above upper normal range)	<8% (<2% above upper normal range)	<9% (<3% above upper normal range)
Marked <sup>6</sup>	<9% (<3% above upper normal range)	<9% (<3% above upper normal range)	<9% (<3% above upper normal range)

## RECOMMENDED TREATMENT OPTIONS FOR TYPE 2 DM

Therapy	Drugs	Expected reduction in HbA <sub>1c</sub> Over a 2-3 mo. period of follow-up
Lifestyle modification, diet and exercise	None	
Lifestyle modification, diet and exercise		
Monotherapy with oral agent	Sulfonylurea or biguanide	1-2 percent
Lifestyle modification, diet and exercise Combination (add a second oral agent)	Sulfonylurea + biguanide Sulfonylurea or biguanide + alpha-glucosidase inhibitor Sulfonylurea or biguanide + thiazolidenedione Biguanide + repaglinide	1-2 percent 0.5 to 1 percent 0.7 to 1.75 percent 0.1 to .3 percent
Insulin with oral agent	Biguanide + insulin Thiazolidenedione + insulin Sulfonylurea + insulin	
Insulin	Insulin alone	

1. Carefully selected individuals may benefit from three-drug oral hypoglycemic therapy. In general, such patients may benefit from referral to a diabetes care team.