



# Diabetes Meds



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## A1c target based therapy

A1c points above goal\*

- 1% add one agent
- 1-2% add 2 agents
- 2-3% add 3 agents
- ≥3% maximize oral agents & start basal insulin

\* < 7: relatively young, healthy

\* < 7.5, < 8.0, 8.5: elderly, ASCVD, CKD IV-V, frail, hypoglycemia

## Initiate insulin

- If patient is above goal for orals
- If sugars need to decrease urgently



Sample lante log

## Start basal insulin with max orals

- Lente (NPH) 10u or 0.1-0.2 IU/kg
  - 2/3 am (6IU) and 1/3 pm 4(IU)
- Check sugar fasting and pre-supper
  - Titrate 2u every 2-3 days
  - Max 0.3-0.5 IU/kg



Mixed 70/30 log

## Comorbidity based therapy

- **ASCVD:** SGLT2, GLP1
- **CCF:** SGLT2
- **CKD:** SGLT2, GLP1
- **Obesity:** SGLT2, GLP1, metformin

Independent of glycemic control

## If not controlled then add bolus insulin

- Soluble (R) 4u before meals
  - Can start with daily, bd or tid
- Check sugar 2 hours after meal
  - Goal < 10 mmol/L
  - Titrate 1-2 units twice weekly



Lente+Soluble log

Class	Medication	↓ A1c %	Benefits	Avoid	Side effects
<b>Biguanide</b>	Metformin 1g bd titrate	1 - 2.5	All-cause mortality Weight loss, cost No hypoglycemia	GFR < 30	GI: titrate to avoid
<b>Sulfonylurea (-ide)</b>	Glibenclamide Max 10mg/day	1 - 3	Cost	Insulin If CKD, ASCVD In elderly	Hypoglycemia Weight gain CV death
<b>SGLT-2 (-flozin)</b>	Empagliflozin 25mg Dapagliflozin 10mg	0.5 - 0.75	CKD, CCF, ASCVD, weight loss no hypoglycemia	Low blood pressure	UTI Yeast infections
<b>GLP-1 (-glutide)</b>	Liraglutide 1.2, 1.8mg Semaglutide 7 - 14mg	0.75 - 1.5	ASCVD, CKD, weight loss No hypoglycemia	DPP-4 Pancreatitis	GI: titrate to avoid
<b>DPP-4 (-liptin)</b>	Sitagliptin 100mg Vildagliptin 50mg	0.5 - 0.75	No hypoglycemia Safe in renal failure	GLP-1	GI: titrate to avoid
<b>TZD (-azone)</b>	Pioglitazone 15, 30, 45mg	0.5 - 1.5	Cost	CCF	Weight gain
<b>Insulin</b>	Lente (NPH) Soluble (R)	∞	Decreases sugar	Sulfonylurea	Hypoglycemia Weight gain

Use combination pills whenever possible

