Clinical recommendations

1. Check kidney and liver function prior to initiation of oral medications.
2. Pioglitazone preferred due to possible increased CV risk with rosiglitazone.
3. Long-acting background (basal) insulins detemir and glargine reduce risk of nocturnal hypoglycemia compared to intermediate-acting NPH; some patients may benefit from bid dosing of long-acting insulin.
4. If a clinically stable patient with A1C >11% and consuming excessive sweetened beverages, consider starting oral agents and re-evaluate need for insulin in 1-2 weeks.
5. Pramlintide may be added to mealtime insulin.
6. Background and Mealtime insulin regimen is the most physiological and flexible regimen.
7. Focus on modest weight loss of 5-7% total body weight.
8. Basic nutrition recommendations include elimination of sweetened beverages, eat minimum three meals/day each containing ~three carbohydrate choices (45 g)/meal.
9. Recommend 150 minutes/week of physical activity.
10. Consider referral to psychologist or social worker if persistently elevated A1C.

References

Self-Management, Emotional Health and Nutrition and Activity

Metformin

Two Drug Therapy

Three Drug Therapy

Insulin Therapy