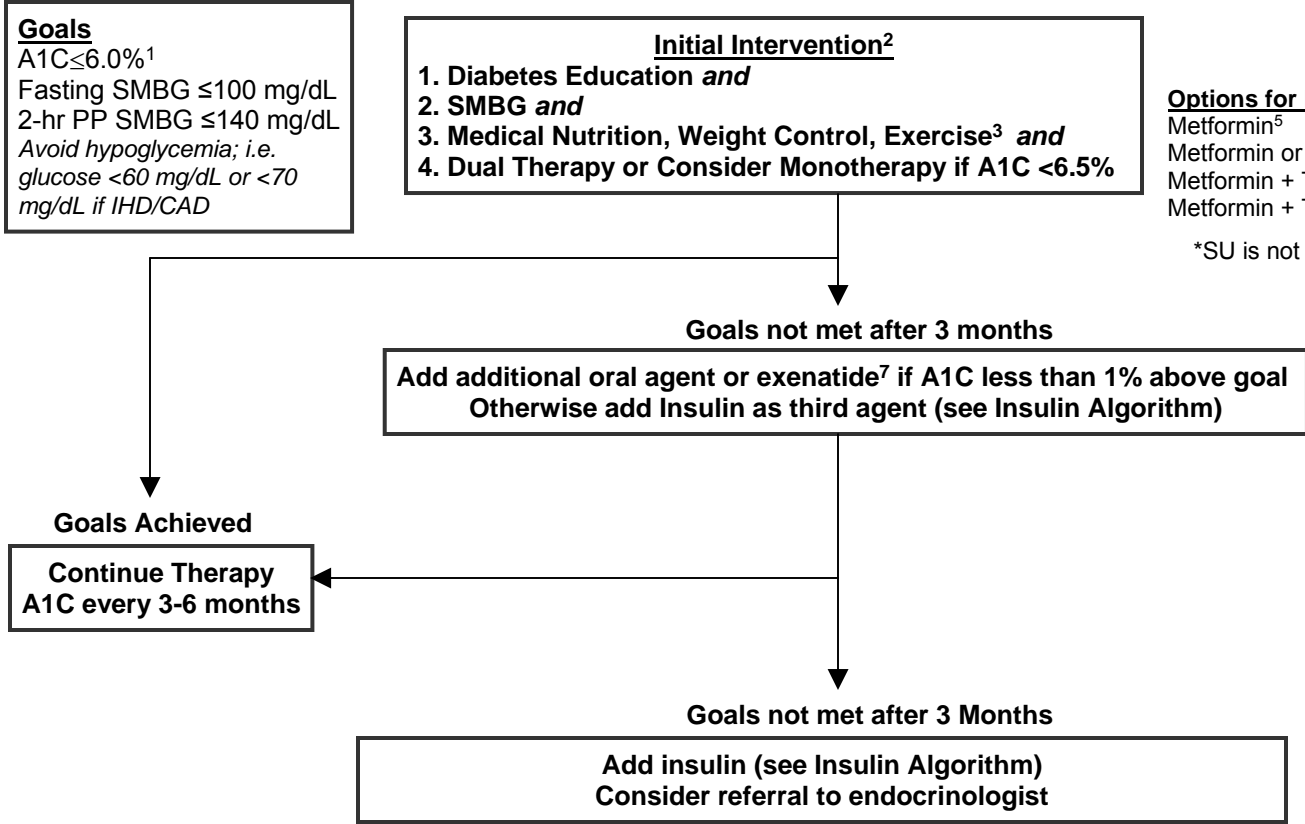




Glycemic Control Algorithm For Type 2 Diabetes Mellitus In Children And Adults



Abbreviations

AGI	Alpha-Glucosidase Inhibitors
CAD	Coronary Artery Disease
DPP-4	Dipeptidyl peptidase-4 Inhibitor
IHD	Ischemic Heart Disease
PP	Postprandial
SMBG	Self-monitored Blood Glucose
SU	Sulfonylurea
TZD	Thiazolidinedione

Footnotes:

- Goals must be individualized. A1C ≤ 6% is the goal if possible *without significant hypoglycemia*. Less stringent treatment goals may be appropriate for patients with a history of severe hypoglycemia, patients with limited life expectancies, very young children and individuals with comorbid conditions. A1C is referenced to a non-diabetic range of 4-6% using a DCCT-based assay. ADA Clinical Practice Recommendations. *Diabetes Care* 2007;30(suppl 1):S9-10
- If initial presentation is hyperglycemia PLUS weight loss, use insulin, with or without oral agents, as the initial intervention (see Insulin Algorithm). Other agents may be introduced as glycemic control improves.
- These interventions should be maintained life-long; (see Medical Nutrition, Weight Loss, and Exercise Algorithms).
- Consider stopping/reducing dose of SU as a component of therapy due to risk of hypoglycemia as A1C approaches goal.
- Metformin is the only FDA-approved oral antidiabetic agent in children (≥ age 10); other agents may be used at the discretion of the clinician.
- If a SU is selected, low dose glipizide ER or glimepiride are recommended because they have a lower incidence of hypoglycemia than glyburide.
- DPP-4 inhibitor should not be used in combination with Exenatide.



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