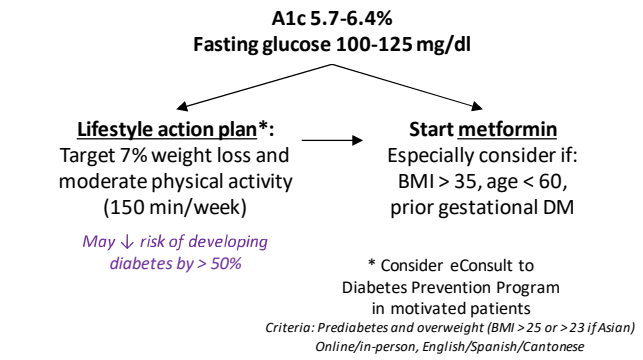
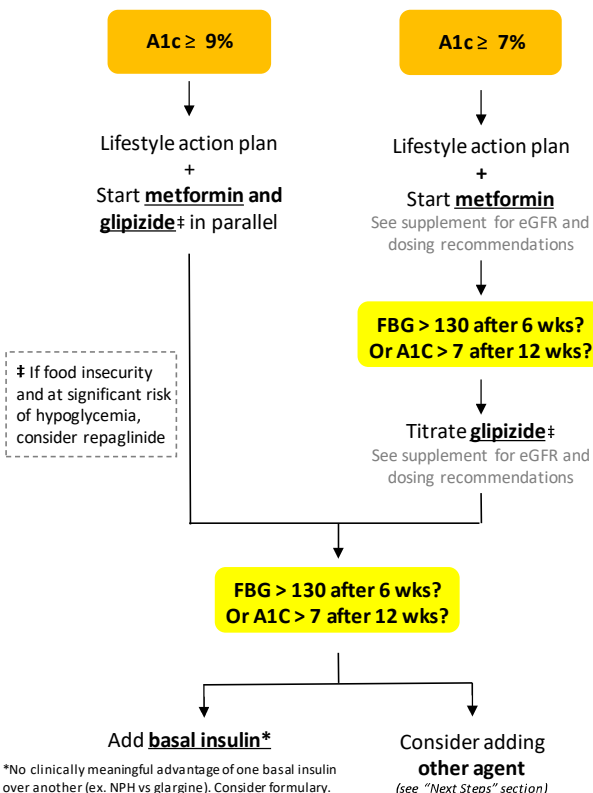
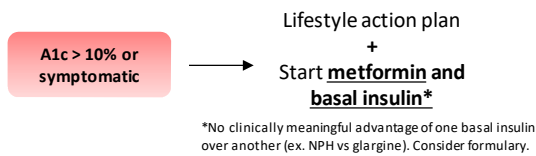


Prediabetes Management



Type 2 Diabetes – 1st Line

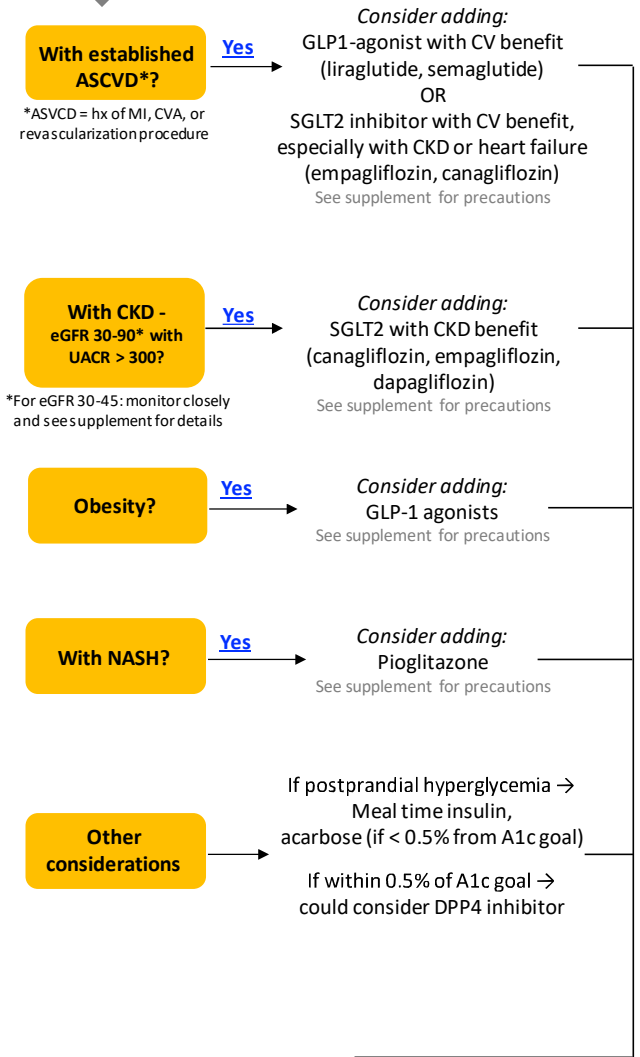
- Step 1: What is patient's A1c goal? → For most, A1c < 7%**
- Correlates to fingerstick glucoses:
 - Fasting/preprandial glucose 80–130 mg/dL
 - 1-2 hr postprandial glucose < 180 mg/dL
 - For some, higher or lower A1c treatment targets may be appropriate
 - Risk factors for hypoglycemia: CKD, older age, food insecurity, frailty
- Step 2: How far is the patient from their A1c goal?**
- This will help determine if adding a certain agent will help you achieve the A1c goal.
 - For example, if A1c is 9% and goal is 7%, adding an agent that only decreases A1c by 0.5% will not get you to goal.
- Step 3: Make a lifestyle action plan**
- Refer to diabetes education and/or nutritionist
 - Dietary changes can make meaningful improvements → Identify actionable changes to diet
 - Exercise – ideal 150 min/week



T2DM – Next steps



Before moving on to other agents, carefully consider reasons why the patient is not at goal with metformin/glipizide/± basal insulin, in particular with medication adherence.



FBG > 130 after 6 wks? Or A1C > 7 after 12 wks?

Consider stopping additional agent if no benefit noted + Add **basal insulin***

*No clinically meaningful advantage of one basal insulin over another (ex. NPH vs glargine). Consider formulary.