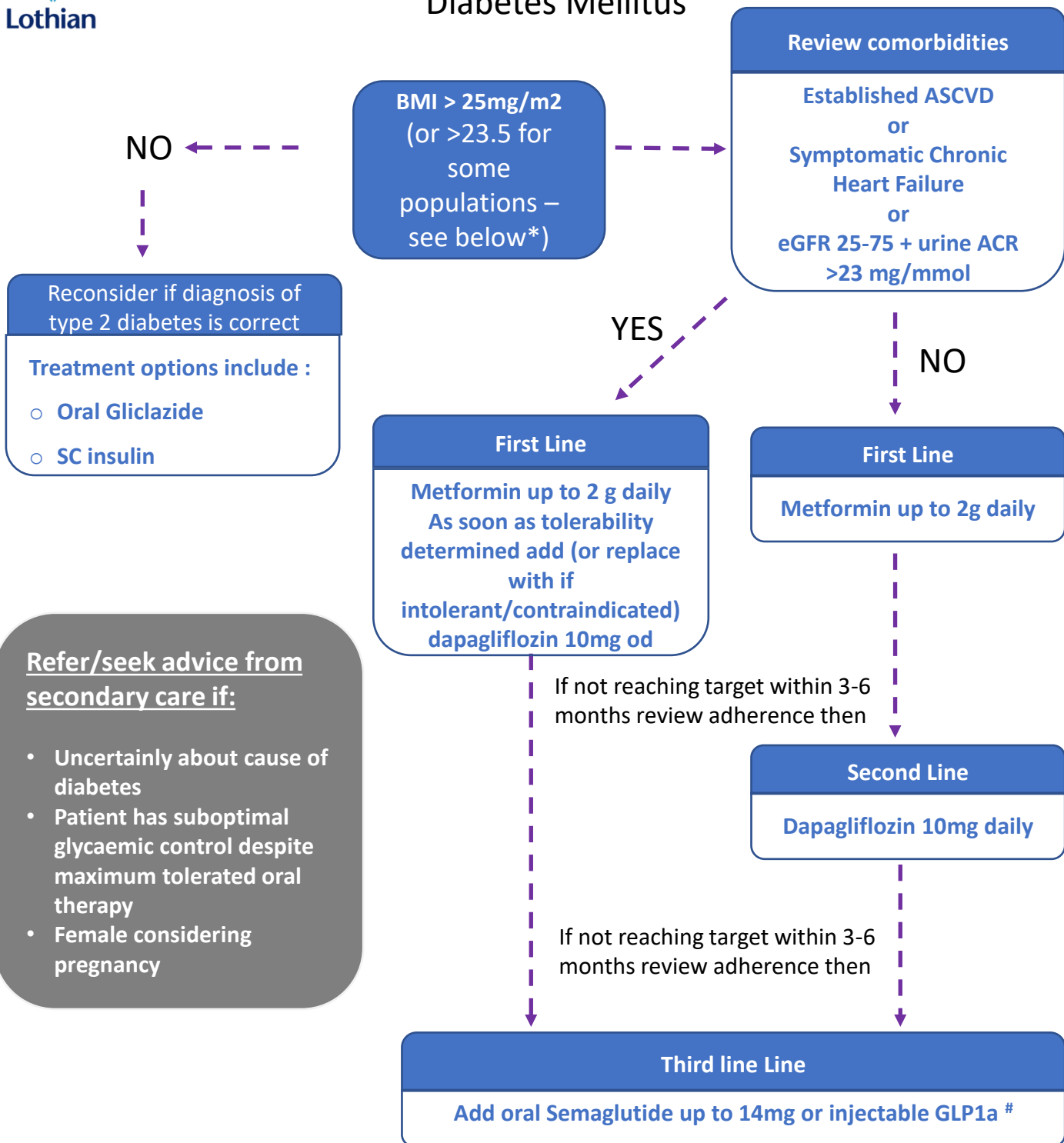


Oral Anti-Diabetic Therapy Guidelines for Type 2 Diabetes Mellitus



ASCVD = atherosclerotic cardiovascular disease

Oral medications (except metformin) are contraindicated in women of reproductive age who are not using adequate contraception

* BMI	<p>People with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background are prone to central adiposity and their cardiometabolic risk occurs at lower BMI.</p> <ul style="list-style-type: none"> • overweight: BMI 23 kg/m² to 27.4 kg/m² • obesity: BMI 27.5 kg/m² or above.
# GLP1a availability	<p>Availability of these drugs is unreliable at the time of writing. If unable to commence GLP1a please consult MCN guidance on alternatives during shortage.</p> <p>https://services.nhslothian.scot/diabetesservice/information-for-health-professionals/prescribing-information/</p>
Metformin	<p>Consider slow release preparation if gastrointestinal side effects Should only be continued if eGFR <30 mL/min/1.73m² under specialist supervision</p>
SGLT-2 inhibitors	<p>Increased risk of genital infection Risk of euglycaemic ketoacidosis; require clear guidance to stop treatment if intercurrent, dehydrating illness.</p> <p>Dapagliflozin should be initiated with specialist supervision if eGFR <25 ml/min but once initiated can remain on treatment until dialysis.</p> <p>Dapagliflozin should be reduced to 5mg in severe hepatic impairment.</p> <p>For patients established (link for SGLT2i patient leaflets)</p>
Semaglutide	<p>Gastrointestinal side-effects; caution if previous pancreatitis Can worsen diabetic retinopathy, discuss with local diabetes team if pre-existing retinopathy.</p> <p>Take on an empty stomach with small glass water and avoid food, drink or other oral medication for 30mins.</p> <p>Once weekly injectable GLP-1 agonists are an alternative if adherence to oral administration guidance is difficult</p> <p>May need reduction of insulin or sulphonylureas.</p>
DPP4 inhibitors (e.g sitagliptin)	<p>Less effective than alternate therapies, only use if other therapies are contraindicated</p>
Sulphonyl Ureas	<p>Moderate to high risk of hypoglycaemia, particularly in the elderly. Patients should have education around hypoglycaemia symptoms and treatment and blood glucose monitoring to be performed if symptoms occur.</p>