

Έναρξη αγωγής με γνώμονα τις ανάγκες ασθενών στο Σακχαρώδη Διαβήτη τύπου 2

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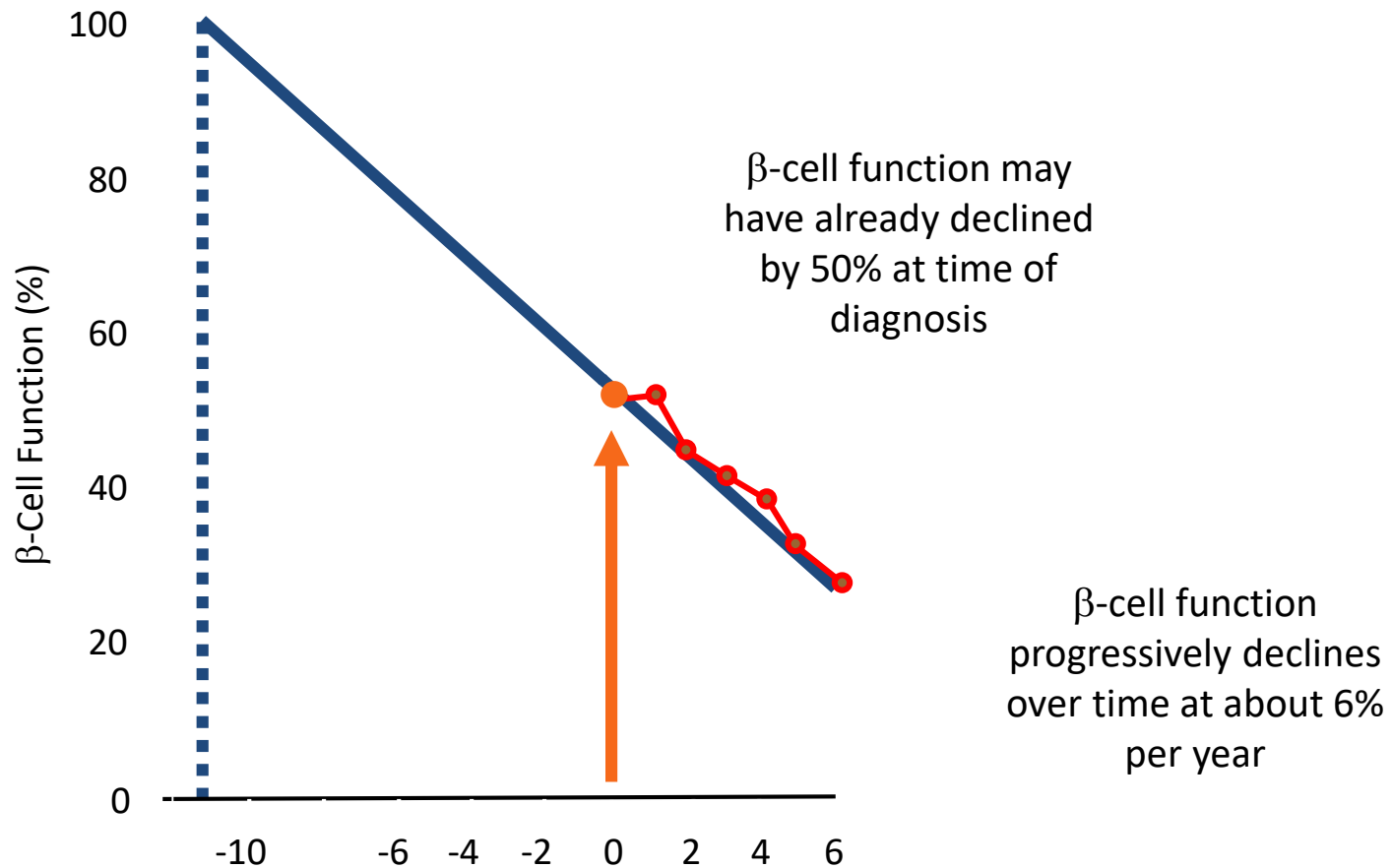
Β` Προπαιδευτική Παθολογική Κλινική Α.Π.Θ.

Ιπποκράτειο Νοσοκομείο Θεσσαλονίκης

Δευ υπάρχει σύγκρουση συμφερόντων του
ομιλητή.

*Ο ομιλητής έλαβε τα τελευταία 2 χρόνια αμοιβές από τις εταιρίες
Φαρμασερβ- Lilly, Novo Nordisk, Sanofi, Boehringer Ingelheim, Vianex,
Elpen, Servier*

Μείωση λειτουργίας των β κυττάρων σε βάθος χρόνου σε ασθενείς με Σακχαρώδη Διαβήτη τύπου 2



Κατευθυντήριες οδηγίες ADA 2017

Start with Monotherapy unless:

A1C is greater than or equal to 9%, **consider Dual Therapy.**

A1C is greater than or equal to 10%, blood glucose is greater than or equal to 300 mg/dL, or patient is markedly symptomatic, **consider Combination Injectable Therapy** (See Figure 8.2).

Monotherapy

Metformin

Lifestyle Management

| | |
|---------------------|--------------------|
| EFFICACY* | high |
| HYPO RISK | low risk |
| WEIGHT | neutral/loss |
| SIDE EFFECTS | GI/lactic acidosis |
| COSTS* | low |

If A1C target not achieved after approximately 3 months of monotherapy, proceed to 2-drug combination (order not meant to denote any specific preference — choice dependent on a variety of patient- & disease-specific factors):

Dual Therapy

Metformin +

Lifestyle Management

| | Sulfonylurea | Thiazolidinedione | DPP-4 inhibitor | SGLT2 inhibitor | GLP-1 receptor agonist | Insulin (basal) |
|---------------------|---------------|-------------------|-----------------|----------------------|------------------------|-----------------|
| EFFICACY* | high | high | intermediate | intermediate | high | highest |
| HYPO RISK | moderate risk | low risk | low risk | low risk | low risk | high risk |
| WEIGHT | gain | gain | neutral | loss | loss | gain |
| SIDE EFFECTS | hypoglycemia | edema, HF, fxs | rare | GU, dehydration, fxs | GI | hypoglycemia |
| COSTS* | low | low | high | high | high | high |

If A1C target not achieved after approximately 3 months of dual therapy, proceed to 3-drug combination (order not meant to denote any specific preference — choice dependent on a variety of patient- & disease-specific factors):

Triple Therapy

Metformin +

Lifestyle Management

| Sulfonylurea + | Thiazolidinedione + | DPP-4 inhibitor + | SGLT2 inhibitor + | GLP-1 receptor agonist + | Insulin (basal) + |
|----------------|---------------------|-------------------|-------------------|--------------------------|-------------------|
| TZD | SU | SU | SU | SU | TZD |
| or DPP-4-i | or DPP-4-i | or TZD | or TZD | or TZD | or DPP-4-i |
| or SGLT2-i | or SGLT2-i | or SGLT2-i | or DPP-4-i | or SGLT2-i | or SGLT2-i |
| or GLP-1-RA | or GLP-1-RA | or Insulin* | or GLP-1-RA | or Insulin* | or GLP-1-RA |
| or Insulin* | or Insulin* | | or Insulin* | | |

If A1C target not achieved after approximately 3 months of triple therapy and patient (1) on oral combination, move to basal insulin or GLP-1 RA, (2) on GLP-1 RA, add basal insulin, or (3) on optimally titrated basal insulin, add GLP-1 RA or mealtime insulin. Metformin therapy should be maintained, while other oral agents may be discontinued on an individual basis to avoid unnecessarily complex or costly regimens (i.e., adding a fourth antihyperglycemic agent).

Combination Injectable Therapy

(See Figure 8.2)

Έναρξη και εντατικοποίηση ινσουλινοθεραπείας στον σακχαρώδη διαβήτη τύπου 2

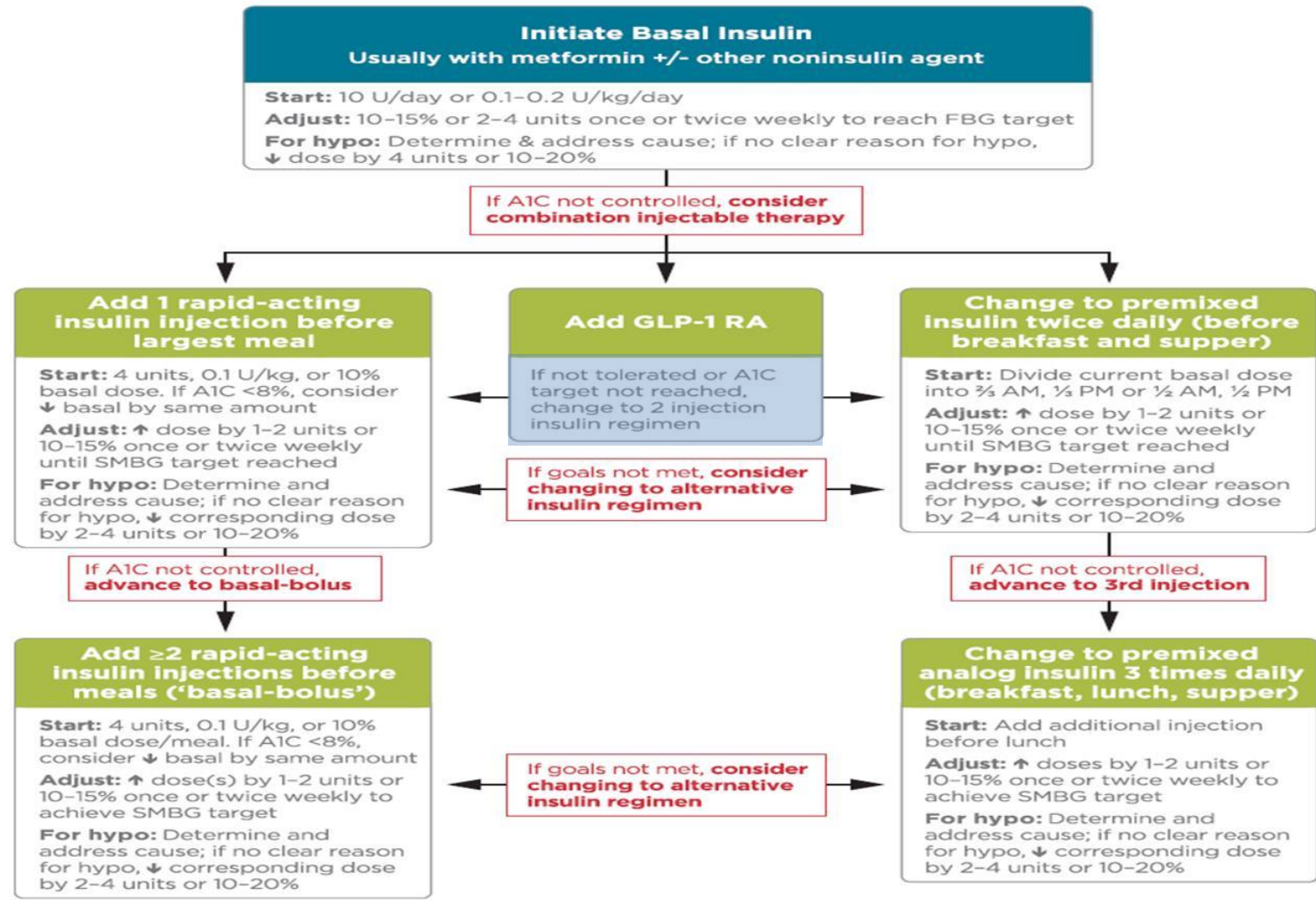


Figure 8.2—Combination injectable therapy for type 2 diabetes. FBG, fasting blood glucose; GLP-1 RA, GLP-1 receptor agonist; hypo, hypoglycemia. Adapted with permission from Inzucchi et al. (21).

Τι θέλουμε από τις θεραπείες του Σακχαρώδη Διαβήτη

- ✓ Αποτελεσματικότητα
- ✓ Ασφάλεια
- ✓ Ευκολία εφαρμογής – (συμμόρφωση, προσαρμογή στις ανάγκες του ασθενούς)