her response to therapy. If Ms. D does not achieve her diabetes treatment goal (i.e., A1C less than 7%) within two to three months, reassessment and intensification of her treatment is required until goals are achieved. If the treatment goal is achieved, ongoing follow-up is necessary to successfully manage her advancing T2DM.

Conclusions

The 2009 ADA/EASD treatment algorithm for the management of T2DM highlights the importance of controlling hyperglycemia to reduce morbidity and mortality and calls for clinicians to intensify therapy within two to three months of treatment initiation if A1C goals are not achieved.

GLP-1 agonists are incorporated in the treatment algorithm as an option for treating patients who do not achieve goals with lifestyle modifications plus other antihyperglycemia agents. GLP-1 agonists target multiple aspects of T2DM pathophysiology while concurrently producing weight loss and may have beneficial effects on certain cardiovascular risk factors. GLP-1 agonists have a low risk of hypoglycemia. The most common adverse event associated with GLP-1 agonists is mild to moderate nausea. Patient education is critical to the success of any diabetes treatment strategy. Discussion about the administration of GLP-1 agonists, as well as potential side effects, their likely time course and strategies to manage them, may help improve patient adherence with this class of medication.

Ongoing experience with incretin-based therapies will further define their role in treating T2DM and in slowing the progression of this progressive yet manageable disease.

References