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@article{Davies2018ManagementOH, title={Management of Hyperglycemia in Type 2 Diabetes, 2018. A Consensus Report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD)}, author={Melanie Jane Davies and David A. D'Alessio and Judith E. Fradkin and Walter N. Kernan and Chantal Mathieu and Geltrude Mingrone and Peter Rossing and Apostolos Tsapas and Deborah J. Wexler and John B. Buse}, journal={Diabetes Care}, year={2018}, volume={41}, pages={2669 - 2701} }The American Diabetes Association and the European Association for the Study of Diabetes convened a panel to update the prior position statements, published in 2012 and 2015, on the management of type 2 diabetes in adults. A systematic evaluation of the literature since 2014 informed new recommendations. These include additional focus on lifestyle management and diabetes self-management education and support. 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DaviesMedicine, BiologyDiabetologia2019The American Diabetes Association and the European Association for the Study of Diabetes have briefly updated their 2018 recommendations on management of hyperglycaemia, based on important research… Clinical recommendations for the use of sodium-glucose co-transporter 2 inhibitors (SGLT-2is) and glucagon-like peptide 1 receptor agonists (GLP-1RAs) in people with Type 2 diabetes and established or at very high risk of cardiovascular disease in the UK are shared.Caitlin Colling, S. Atlas, D. WexlerMedicineDiabetes Care2021This EHR algorithm identified one-third of primary care patients with type 2 diabetes as meeting criteria for SGLT2i and GLP-1 RA based on strict comorbidity definitions according to 2021 ADA recommendations.Jeany Kim JunMedicine, BiologyJournal of Contemporary Pharmacy Practice2019The purpose of this review is to discuss recently approved agents for type 2 diabetes comparing the available cardiovascular findings of SGLT2 inhibitors and GLP1 receptor agonists and outline key take-home points when recommending additional treatment for patients with type 1 diabetes after metformin.This review outlines the current use and pharmacology of dapagliflozin, with a specific focus on recent evidence regarding benefits in patients with cardiovascular and chronic kidney disease, and includes an overview of the efficacy and safety of this drug.It is believed that most subjects newly diagnosed with type 2 diabetes should initiate early combination therapy with metformin and a prognosis changing DMD, and a SIMPLE approach is designed in order to assist primary care teams in selecting the most appropriate therapy for their patients.View 1 excerpt, cites backgroundThe role of these two novel classes of drugs in patients with T2DM with both confirmed, and at risk for, CVD is examined.SHOWING 1-10 OF 273 REFERENCESSORT BYRelevanceMost Influenced PapersRecencyM. 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ThrasherMedicineThe American journal of medicine2017View 1 excerpt, references backgroundIn patients with newly diagnosed type 2 diabetes, an LCMD resulted in a greater reduction of HbA1c levels, higher rate of diabetes remission, and delayed need for diabetes medication compared with a low-fat diet.Patients with newly diagnosed type 2 diabetes who were assigned to a low-carbohydrate, Mediterranean-style diet had better glycemic control and were less likely to need oral antihyperglycemic therapy than patients assigned toA low-fat diet.A systematic review and network meta-analysis was conducted to assess the comparative efficacy and safety of the once-weekly GLP-1RAs albiglutides, dulaglutide, exenatide, semaglUTide, and taspoglutide.K. Esposito, M. Maiorino, D. GiuglianoMedicine2010It is concluded that overweight patients with newly diagnosed type 2 diabetes who use a low-carbohydrate MED diet have improved glycemic control and coronary risk factors, and are more likely to be able to delay the need for oral antihyperglycemic therapy compared to patients using a high-fat diet.This review focused on monotherapy comparisons and combination comparisons that include metformin, providing the range of stakeholders, including patients and clinicians, a synthesis of the current evidence on the most common monotherapies and combination therapies used to treat type 2 diabetes.View 3 excerpts, references background Display options Format AbstractPubMedPMID The American Diabetes Association and the European Association for the Study of Diabetes convened a panel to update the prior position statements, published in 2012 and 2015, on the management of type 2 diabetes in adults. A systematic evaluation of the literature since 2014 informed new recommendations. These include additional focus on lifestyle management and diabetes self-management education and support. For those with obesity, efforts targeting weight loss, including lifestyle, medication, and surgical interventions, are recommended. With regards to medication management, for patients with clinical cardiovascular disease, a sodium-glucose cotransporter 2 (SGLT2) inhibitor or a glucagon-like peptide 1 (GLP-1) receptor agonist with proven cardiovascular benefit is recommended. For patients with chronic kidney disease or clinical heart failure and atherosclerotic cardiovascular disease, an SGLT2 inhibitor with proven benefit is recommended. GLP-1 receptor agonists are generally recommended as the first injectable medication. © 2018 American Diabetes Association and European Association for the Study of Diabetes. 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CV, cardiovascular; DPP-4i, dipeptidyl peptidase 4 inhibitor; GLP-1 RA, glucagon-like peptide 1 receptor agonist; SGLT2i, SGLT2 inhibitor; SU, sulfonylurea. Figure 4 Choosing glucose-lowering medication if compelling need to minimize weight gain or promote weight… Figure 4 Choosing glucose-lowering medication if compelling need to minimize weight gain or promote weight loss. GLP-1 RA, glucagon-like peptide 1 receptor agonist; T2DM, type 2 diabetes; SGLT2i, SGLT2 inhibitor; SU, sulfonylurea. Figure 5 Choosing glucose-lowering medication if compelling… Figure 5 Choosing glucose-lowering medication if compelling need to minimize hypoglycemia. DPP-4i, dipeptidyl peptidase 4… Figure 5 Choosing glucose-lowering medication if compelling need to minimize hypoglycemia. DPP-4i, dipeptidyl peptidase 4 inhibitor; GLP-1 RA, glucagon-like peptide 1 receptor agonist; SGLT2i, SGLT2 inhibitor. Figure 6 Choosing glucose-lowering medication if cost… Figure 6 Choosing glucose-lowering medication if cost is a major issue. DPP-4i, dipeptidyl peptidase 4… Figure 6 Choosing glucose-lowering medication if cost is a major issue. DPP-4i, dipeptidyl peptidase 4 inhibitor; SGLT2i, SGLT2 inhibitor; SU, sulfonylurea. Figure 7 Intensifying to injectable therapies. FRC,… Figure 7 Intensifying to injectable therapies. FRC, fixed-ratio combination; GLP-1 RA, glucagon-like peptide 1 receptor… Figure 7 Intensifying to injectable therapies. FRC, fixed-ratio combination; GLP-1 RA, glucagon-like peptide 1 receptor agonist; FBG, fasting blood glucose; FPG, fasting plasma glucose; max, maximum; PPG, postprandial glucose. Figure 8 Considering oral therapy in combination… Figure 8 Considering oral therapy in combination with injectable therapies. DKA, diabetic ketoacidosis; DPP-4i, dipeptidyl… Figure 8 Considering oral therapy in combination with injectable therapies. DKA, diabetic ketoacidosis; DPP-4i, dipeptidyl peptidase 4 inhibitor; GLP-1 RA, glucagon-like peptide 1 receptor agonist; SGLT2i, SGLT2 inhibitor; SU, sulfonylurea. Management of hyperglycaemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Davies MJ, D'Alessio DA, Fradkin J, Kernan WN, Mathieu C, Mingrone G, Rossing P, Tsapas A, Wexler DJ, Buse JB. Davies MJ, et al. Diabetologia. 2018 Dec;61(12):2461-2498. doi: 10.1007/s00125-018-4729-5. Diabetologia. 2018. PMID: 30288571 2019 Update to: Management of Hyperglycaemia in Type 2 Diabetes, 2018. A Consensus Report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Buse JB, Wexler DJ, Tsapas A, Rossing P, Mingrone G, Mathieu C, D'Alessio DA, Davies MJ. Buse JB, et al. Diabetes Care. 2020 Feb;43(2):487-493. doi: 10.2337/dci19-0066. Epub 2019 Dec 19. Diabetes Care. 2020. 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