

Type 2 Guidelines Downgrade Insulin as First-Line Therapy

By Randy Dotinga
From Diabetes Care

The American Diabetes Association is out with new standard—of—care guidelines that — among other things — reject injectable insulin as the main first-line treatment for type 2 diabetes, debut a cardiac risk calculator, and offer new recommendations regarding medications for patients with kidney disease, clogged arteries, and heart failure.

The ADA's newly released 2019 Standards of Medical Care in Diabetes also provides tools to help physicians make choices such as algorithms and decision trees. "We hope that providers will take away that individualization and patient-directed care is very doable," said Joshua J. Neumiller, PharmD, an associate professor at Washington State University and chair of the ADA's Professional Practice Committee, in an interview.

In addition, ADA's 2019 Standards of Care "emphasize a patient-centered approach that considers the multiple health and life factors of each person living with diabetes," said William T. Cefalu, MD, the ADA's chief scientific, medical, and mission officer, in a statement.

The 193-page guidelines are now available online at the Diabetes Care website and will be available via an app and the print edition of the journal.

Here's a closer look at a few of the many new and revised recommendations in the 2019 Standards of Care.

Costs of treatment In a new guideline, the Standards of Care says glucagon-like peptide—1 (GLP-1) receptor agonists should be "a first-line treatment" » ahead of insulin — "for most [type 2] patients who need the greater efficacy of an injectable medication."

Dr. Neumiller said the new recommendation reflects research that suggests glucagon—like peptide—1 receptor agonists can have benefits over insulin in terms of weight loss and decreased risk of hypoglycemia.

The Standards of Care note that the "high costs and tolerability issues are important barriers to the use of GLP-1 receptor agonists." However, Dr. Neumiller noted that "going the insulin route certainly isn't

cheap," and physicians must weigh the costs of the various options.

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A new recommendation suggests the use of sodium-glucose cotransporter 2 inhibitors or GLP-1 receptor agonists "with demonstrated cardiovascular disease benefit" in patients with type 2 diabetes who have confirmed atherosclerotic cardiovascular disease. Dr. Neumiller said these recommendations will evolve as new cardiac studies are completed, and the ADA will update the Standards of Care on-line when necessary over the next year.

A related new recommendation says sodium-glucose cotransporter 2 inhibitors are the preferred treatment for these patients who have heart failure or are at high risk of developing it.

In a new recommendation, the ADA suggests that patients with type 2 diabetes and chronic kidney disease potentially take a sodium-glucose cotransporter 2 inhibitor or a GLP-1 receptor agonist, which has been shown to reduce the risk of chronic kidney disease progression, cardiac events, or both.

There's a greater focus on insulin as the preferred treatment for hyperglycemia in gestational diabetes mellitus "as it does not cross the placenta to a measurable extent." The ADA also warns against metformin and glyburide as first-line agents because they "both cross the placenta to the fetus."

Monitoring and screening

The ADA now recommends use of the American College of Cardiology's atherosclerotic cardiovascular disease risk calculator, the ASCVD Risk Estimator Plus. The calculator assesses the risk of this disease over 10 years and is "generally a useful tool."

The ACA recommends screening for cardiac risk factors at least once a year in patients with diabetes.

Physicians are no longer advised to check the feet of patients with diabetes at every visit; now the recommendation is for those at high risk of ulceration only. However, an annual examination of feet is recommended for all patients with diabetes.

The ADA now recommends that patients with type 2 diabetes or prediabetes undergo screening for nonalcoholic steatohepatitis and liver fibrosis if they have elevated liver enzymes or an ultrasound examination shows signs of fatty liver.

Gabapentin is now listed along with pregabalin and duloxetine as first-line drug treatments for neuropathic pain in diabetes.

Dr. Neumiller discloses speakers bureau/honoraria from the journal Diabetes Spectrum.

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