CPD Whilst You Wee

Managing Type 2 Diabetes in Adults

In February 2026, NICE released new guidance on how to manage type 2 diabetes in adults.

Generally, there has been a switch from a glycaemic centric approach to a CVRM (Cardiovascular, renal, metabolic) which prioritises a personalised and individual patient response to help reduce comorbidity risk and improve QOL.

QR code for full guidance summary but our top 5 take aways are:

1

Offer modified release metformin first instead of standard release and combine with SGLT-2 inhibitor

Offers similar clinical effectiveness, reduced GI adverse events, better adherence and costs less. Can be prescribe concurrently but commenced sequentially to monitor for adversity.

Or SGLT-2 monotherapy if Metformin not tolerated due to CVD risk reduction.

2

Assess frailty prior to medication initiation/amendment

Review a person's overall diabetes treatment plan to ensure that they are taking the smallest effective number of medications and the lowest effective dosage. Be mindful of balancing the risk of side effects/hypoglycaemia. Only offer SLGT2i if frailty does not place them at risk of adverse events. Otherwise, Metformin MR or if CI then monotherapy DPP-4i

3

Management in chronic kidney disease

eGFR > 30 = MR Metformin and SGLT-2i

eGFR 20-30 = Dapagliflozin/Empagliflozin & DPP-4i

eGFR <20 = DPP-4i (if CI then pioglitazone/insulin)

Management in heart failure

1st line: MR metformin and SGLT-2i

Management in ASCVD

1st line: MR Metformin, SGLT-2i and SC semaglutide for CVRG benefit

4

Remember to counsel patients before treatment initiation

Sick Days: Remember to counsel patients on whether a medicine should change and how when unwell, and importantly how to restart a medication after recovery

SGLT-2: *Be mindful of those at risk of DKA, including those on a low carbohydrate or ketogenic diet and always remember to check for euglycemic DKA*

5

The "new kid on the block" – GLP1's (specifically sub-cut Semaglutide)

Indications: Early onset (<40) T2DM when already on Metformin & SGLT2 for CVRM benefits. Those with obesity following 3/12 of initial therapy and needed to reach glycaemic target

Stop when: If BMI <18.5 or they do not help a person reach their glycaemic target and not taken for CVD benefit

Concurrent medication: Do NOT offer both GLP-1 or Tirzepatide and DPP-4i together -*Similar mechanism of action and found to be neither clinically nor cost effective.*

Counsel: *Be mindful that GLP-1 can increase fertility. Counsel women, trans men and non-binary people of childbearing potential they require contraception whilst taking GLP-1 and for subsequent months once ceased if planning to conceive.*