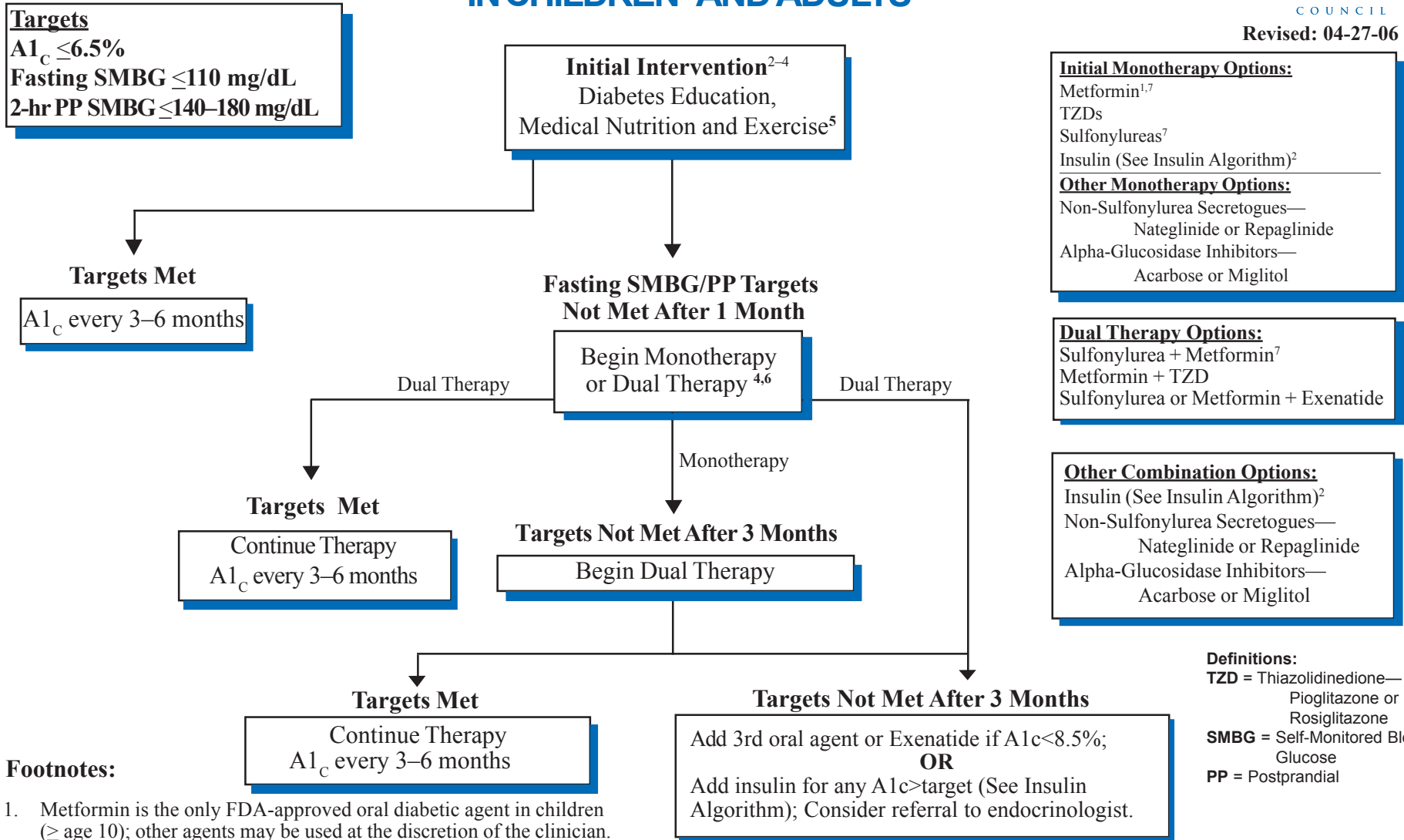


GLYCEMIC CONTROL ALGORITHM FOR TYPE 2 DIABETES MELLITUS IN CHILDREN¹ AND ADULTS



TEXAS DIABETES
COUNCIL

Revised: 04-27-06



Footnotes:

1. Metformin is the only FDA-approved oral diabetic agent in children (\geq age 10); other agents may be used at the discretion of the clinician.
2. See Insulin Algorithm for Type 2 Diabetes Mellitus in Children and Adults.
3. If initial presentation with glucose ≥ 260 mg/dL in a symptomatic patient, consider insulin or insulin analog as initial intervention, probably with dual therapy.
4. Monotherapy with sulfonylurea or metformin does not sustain $A1_c$ reductions (UKPDS study); dual therapy certainly indicated if initial glucose ≥ 210 mg/dL or $A1_c \geq 9.0\%$.
5. These interventions should be maintained life-long; see Medical Nutrition, Weight Loss, and Exercise Algorithms.
6. If initial dual therapy is initiated, decide on add-on therapy options within 3 months if glycemic targets are not met.
7. Sulfonylureas and metformin are the most studied and least expensive oral diabetes agents; glipizide ER and glimepiride have lower incidence of hypoglycemia than glyburide.

Definitions:
 TZD = Thiazolidinedione—
 Pioglitazone or
 Rosiglitazone
 SMBG = Self-Monitored Blood
 Glucose
 PP = Postprandial

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