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El instituto británico *NICE* ha actualizado la guía de tratamiento de la DM2 en adultos.

En esta nueva edición, que actualiza la versión de 2015, se dan recomendaciones sobre:

- Atención individualizada.
- Educación del paciente.
- Consejos dietéticos y cirugía bariátrica.
- Terapia antiplaquetaria.
- Control de la glucemia:
    - Determinación y objetivo de las cifras de HbA1c.
    - Automonitorización de la glucemia.
- Tratamiento farmacológico.
- Manejo de las complicaciones.

Las principales recomendaciones actualizadas son sobre tratamiento farmacológico para el control glucémico:

- Fármacos de primera línea: la publicación de resultados cardiovasculares de los nuevos antidiabéticos (iDPP-4, iSGLT-2, arGLP-1) motiva la consideración de **iSGLT-2** como fármacos de primera línea en pacientes con insuficiencia cardiaca, enfermedad cardiovascular establecida o en alto riesgo de desarrollarla.
- Revisión del tratamiento.
- Opciones de tratamiento en caso de ser necesaria la **intensificación (doble y triple terapia)**.

La guía incluye un resumen visual, que se reproduce a continuación, para facilitar la elección, revisión y modificación del tratamiento, así como tabla en las que se resumen las características de los distintos fármacos en cuanto a contraindicaciones, efectos sobre el peso, riesgo de hipoglucemias y precauciones en insuficiencia renal y hepática.

En relación con este tema, se pueden consultar el el BTA de 2019 sobre Nuevos antidiabéticos no insulínicos: seguridad cardiovascular.

Phoca PDF

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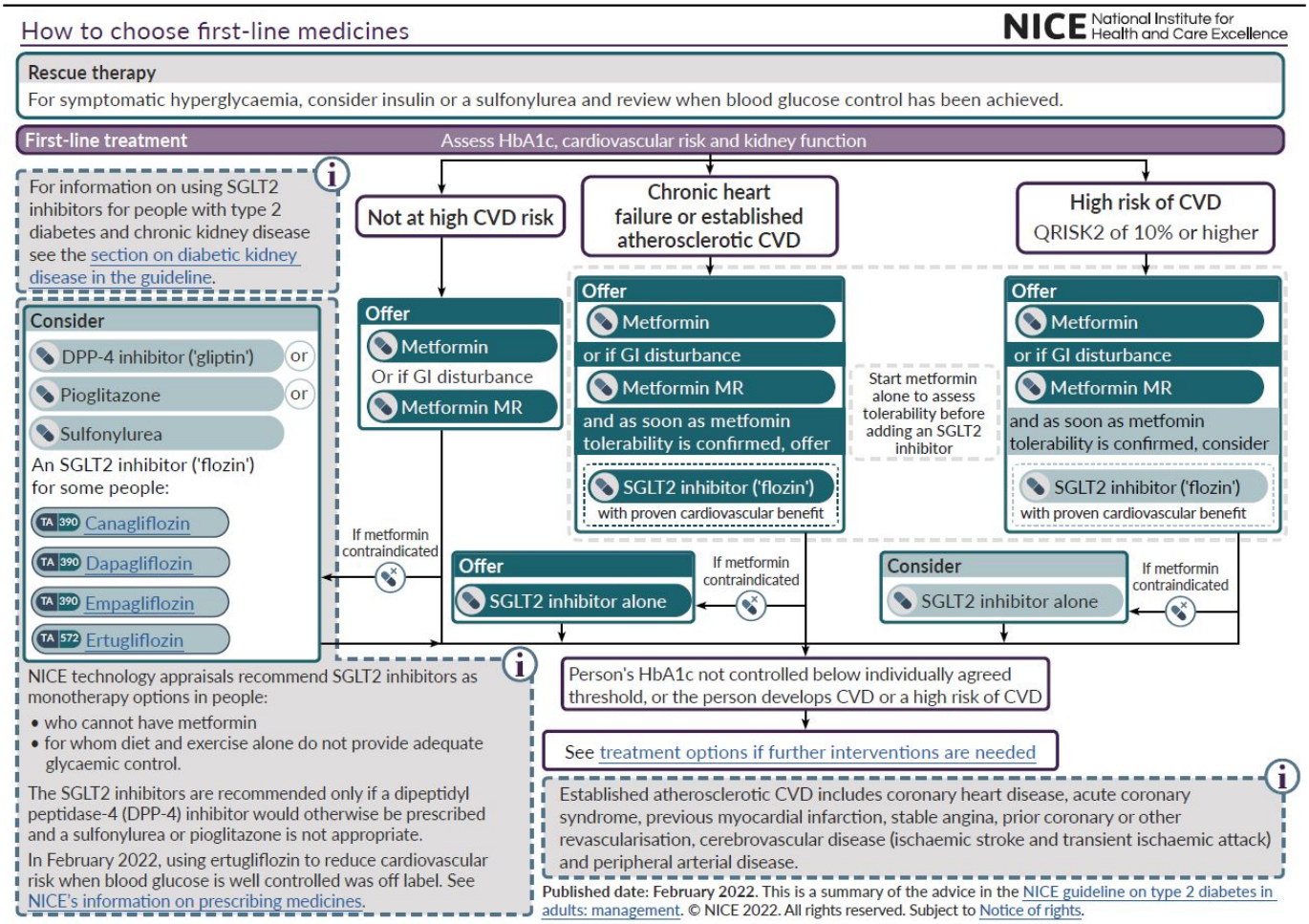

Phoca PDF

How to choose further medicines

NICE National Institute for Health and Care Excellence

Rescue therapy

For symptomatic hyperglycaemia, consider insulin or a sulfonylurea and review when blood glucose control has been achieved.

Treatment options if further interventions are needed

At any point

HBA1c not controlled below individually agreed threshold

Switching or adding treatments

Consider:

DPP-4 inhibitor or Pioglitazone or Sulfonylurea

SGLT2 inhibitors may also be an option in dual therapy:

- TA 315 Canagliflozin
- TA 288 Dapagliflozin
- TA 336 Empagliflozin
- TA 572 Ertugliflozin

Or in triple therapy:

- TA 315 Canagliflozin
- TA 418 Dapagliflozin
- TA 336 Empagliflozin
- TA 583 Ertugliflozin

At any point

Cardiovascular risk or status change

If the person has or develops chronic heart failure or established atherosclerotic CVD

Switching or adding treatments

Offer

An SGLT2 inhibitor (if not already prescribed)

If the person has or develops a high risk of CVD (QRISK2 of 10% or higher)

Switching or adding treatments

Consider

An SGLT2 inhibitor (if not already prescribed)

Established atherosclerotic CVD includes coronary heart disease, acute coronary syndrome, previous myocardial infarction, stable angina, prior coronary or other revascularisation, cerebrovascular disease (ischaemic stroke and transient ischaemic attack) and peripheral arterial disease.

At each point follow the prescribing guidance.
Switch or add treatments from different drug classes up to triple therapy (dual therapy if metformin is contraindicated).
In February 2022, using ertugliflozin to reduce cardiovascular risk when blood glucose is well controlled was off label. See NICE's information on prescribing medicines.

Insulin therapy

When dual therapy has not continued to control HbA1c to below the person's individually agreed threshold, also consider insulin-based therapy (with or without other drugs).

- TA 288 Dapagliflozin
- TA 336 Empagliflozin
- TA 315 Canagliflozin

GLP-1 mimetic treatments

If triple therapy with metformin and 2 other oral drugs is not effective, not tolerated or contraindicated, consider triple therapy by switching one drug for a GLP-1 mimetic for adults with type 2 diabetes who:

- have a body mass index (BMI) of 35 kg/m² or higher (adjust accordingly for people from Black, Asian and other minority ethnic groups) and specific psychological or other medical problems associated with obesity **or**
- have a BMI lower than 35 kg/m² **and**:
  - for whom insulin therapy would have significant occupational implications **or**
  - weight loss would benefit other significant obesity related comorbidities.

Published date: February 2022. This is a summary of the advice in the NICE guideline on type 2 diabetes in adults: management.

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