

POEMs (patient-oriented evidence that matters) are provided by Essential Evidence Plus, a point-of-care clinical decision support system published by Wiley-Blackwell. For more information, see <http://www.essentialevidenceplus.com>. Copyright Wiley-Blackwell. Used with permission.

For definitions of levels of evidence used in POEMs, see http://www.essentialevidenceplus.com/product/ebm_loe.cfm?show=oxford.

To subscribe to a free podcast of these and other POEMs that appear in *AFP*, search in iTunes for "POEM of the Week" or go to <http://goo.gl/3niWXb>.

This series is coordinated by Sumi Sexton, MD, Associate Medical Editor.

A collection of POEMs published in *AFP* is available at <http://www.aafp.org/afp/poems>.

Individualizing Target Goals and Treatment in Patients with Type 2 Diabetes

Clinical Question

What guidelines can help to determine individual treatment goals and treatments for patients with new or established type 2 diabetes mellitus?

Bottom Line

This statement from American and European diabetes societies suggests that tighter control of hyperglycemia be attempted only in patients with a recent diagnosis and a low risk of hypoglycemia; who have a long life expectancy with few or no comorbidities, including cardiovascular disease; and who are highly motivated and have readily available resources and support systems. The aim should be less stringent control for everyone else. Every patient should be started on metformin; if further glucose control is needed after three months, a second drug can be added, with a third drug added after another three months. Which ones should you add? The guideline says there is little difference. Base your choice on cost, patient preference, and your own familiarity. (Level of Evidence = 5)

Synopsis

The American Diabetes Association and the European Association for the Study of Diabetes have issued a second position statement

focusing on when and how to individualize treatment in patients with type 2 diabetes. As before, the groups suggest individualizing not only treatments but treatment goals, perhaps in some surprising ways. Citing lack of benefit and/or risk of harm with lower A1C targets (less than 7%), the societies suggest many situations in which treatment goals may be much higher without setting a ceiling. The following patient characteristics, for example, support less stringent goals:

- High risk of hypoglycemia
- Long-standing disease duration
- Shorter life expectancy
- The presence of important comorbidities, including established vascular complications
- Lack of adherence or less motivation
- Limited resources and support systems

Metformin is the cornerstone of treatment to achieve control. If it is not effective, the guidelines suggest any of six other drug classes, citing the differences in effectiveness to be too small to matter. Similarly, a third drug, if needed, can be tailored to individual patients according to their preferences. A chart showing these options can be found at <http://tinyurl.com/T2DM2015>.

Study design: Practice guideline

Funding source: Foundation

Setting: Various (guideline)

Reference: Inzucchi SE, Bergenfelz RM, Buse JB, et al. *Management of hyperglycemia in type 2 diabetes, 2015: a patient-centered approach. Update to a position statement of the American Diabetes Association and the European Association for the Study of Diabetes*. *Diabetes Care*. 2015;38(1):140-149.

ALLEN F. SHAUGHNESSY, PharmD, MMedEd
Professor of Family Medicine
Tufts University
Boston, Mass. ■