

Consensus report updates evidence on managing hyperglycemia in patients with type 2 diabetes

ACP Diabetes Monthly Staff

Two medical societies issued a consensus report that [briefly updated 2018 recommendations on managing hyperglycemia in patients with type 2 diabetes](#), based on research from large cardiovascular outcomes trials published in 2019.

The American Diabetes Association (ADA) and the European Association for the Study of Diabetes previously recommended that for patients with type 2 diabetes, established cardiovascular disease (CVD) was a compelling indication for treatment with a glucagon-like peptide-1 (GLP-1) receptor agonist or sodium-glucose cotransporter-2 (SGLT-2) inhibitor. The updates were published online Dec. 19, 2019, by *Diabetes Care*.

Three major updates include the following:

- The decision to treat high-risk patients with a GLP-1 receptor agonist or SGLT-2 inhibitor to reduce major adverse cardiovascular events, hospitalization for heart failure, CVD death, or chronic kidney disease (CKD) progression should be made independently of baseline HbA1c level or individualized HbA1c target. Clinicians should engage in shared decision making about initial combination therapy in patients with new-onset disease.
- GLP-1 receptor agonists can also be considered in patients without established CVD but with high-risk indicators.
- SGLT-2 inhibitors are recommended in patients with type 2 diabetes and heart failure, particularly those with heart failure with reduced ejection fraction, to reduce hospitalization for heart failure, major adverse cardiovascular events, and CVD death. They are also recommended in patients with type 2 diabetes with CKD (stage 3 or urinary albumin-to-creatinine ratio >30 mg/g, particularly >300 mg/g) to prevent CKD progression, hospitalization for heart failure, major adverse cardiovascular events, and CVD death.

The ADA also [published its Standards of Medical Care in Diabetes—2020](#) with information on the rising cost of medications, particularly insulin; a recommendation to calculate body mass index annually rather than at every patient encounter; and a recommendation to include twice-yearly screening for CKD in certain patients, among other changes. The standards were published Dec. 20, 2019, and a summary of the revisions was published as a supplement to the January *Diabetes Care*.