

A guide to ORAL HYPOGLYCAEMIC and INJECTABLE THERAPIES

This must **NOT** be used for prescription information. Please consult current BNF

CLASS OF DRUG	NAME OF DRUG	DURATION OF DRUG	WHEN TO TAKE	ACTION OF DRUG	COMMON SIDE EFFECTS	CONTRA-INDICATIONS/CAUTIONS
BIGUANIDES	METFORMIN	8–12 HOURS	With food	Inhibits hepatic glucose output. Increases the peripheral utilisation of glucose	Nausea, diarrhoea, abdominal pain, metallic taste	Severe heart failure, alcoholism advanced liver disease, serum creatinine >200umol/L, X ray contrast media (Risk of Lactic acidosis)
	METFORMIN MODIFIED RELEASE (SUKKARTO)	LONG ACTING				
SULPHONYLEA	GLICLAZIDE	10–12 HOURS	Before meals	Acts by stimulating insulin secretion	Weight gain, Hypoglycaemia	Use cautiously in co-morbidity and frailty- risk of hypoglycaemia. Gliclazide may be used in renal impairment Review after 5 years for cardiovascular risk
THIAZOLIDINE-DIONES	PIOGLITAZONE	LONG ACTING	Once daily	Reduces peripheral insulin resistance	Fluid retention, peripheral oedema, weight gain. Changes to lipids, liver function	Can exacerbate or cause congestive cardiac failure, weight gain, low risk of bladder cancer and fractures.
DPP4 INHIBITORS	SITAGLIPTIN	LONG ACTING	Once daily	Inhibits catabolism of DPP4 enzyme which metabolizes GLP	GI effects, nasopharyngitis.	Well tolerated but weak effect
	ALOGLIPTIN					
	LINAGLIPTIN					

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GLUCAGON-LIKE PEPTIDE 1 (GLP-1) RECEPTOR AGONISTS Injectable only	LIXISENATIDE	INTERMEDIATE ACTING	Once daily- Within 1 hour before any meal of the day	Bind to, and activate the GLP-1 receptor to increase insulin secretion, suppress glucagon secretion, and slow gastric emptying	GI effects Decreased appetite, Headache, Dizziness, Increased risk of pancreatitis (rare)	Use cautiously in the elderly Liraglutide preferred in severe renal impairment
	EXENATIDE (BYETTA)	INTERMEDIATE ACTING	Twice daily- Within 1 hour before meals			
	LIRAGLUTIDE	INTERMEDIATE ACTING	Once daily- anytime			
	DULAGLUTIDE	LONG ACTING	Weekly- anytime			
	EXENATIDE (BYDUREON)	LONG ACTING	Weekly- anytime			
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR	CANAGLIFLOZIN	LONG ACTING	Once daily	Reversibly inhibits sodium- glucose co-transporter 2 in the renal proximal convoluted tubule to reduce glucose reabsorption and increase urinary glucose excretion	Genital infection, Polyuria, Urinary tract infection, Constipation, back pain, Dyslipidaemia, Sweating, Thirst, Nausea, Raised haematocrit,	Ketoacidosis and dehydration significant risk during intercurrent illness Caution in CVD, impaired renal function and impaired hepatic function Use cautiously in the elderly
	DAPAGLIFLOZIN					
	EMPAGLIFLOZIN					