

# Diabetes Drugs

↓ gluconeogen, ↑ glu. utilis.  
(in presence of insulin)

↓ in renal impairment.

eGFR	met
60-120	2g od
30-60	1g od
15-30	500mg od
<15	don't use.

1st line  
2nd line

don't cause hypoglycaemia.

Metformin

(+)

(+)

Glyp tan

SGLT2

10mg od or  
5mg bid + Metf.

good for >75 or  
eGFR <30  
monitor CFTs (ALT)

Empagliflozin  
Osmotic diuresis / glucosuria.  
→ Polyuria. TGU/UTI  
infections  
dehydration  
(esp >75yo | use +  
ACEI/diuretic  
↑ Risk DKA

Vildagliptin  
50mg od → bid

Don't use in } pregnancy  
                  } <18  
                  } eGFR <30  
                  } Recurrent UTI  
                  } Renal colic

inhibit DPP-4 → ↑ GLP-1/GIP →  
↑ insulin synth, ↓ appetite  
not associated + ↑ wt or hypogl.  
needs β cell function

3rd line

Sulphonylureas

augments insulin funct<sup>n</sup>  
(needs β cell function)  
↑ wt  
avoid in severe renal imp.

Gliclazide 40-160mg od.



4th line

probably don't use

Thiazolidinediones  
glitazones

Req insulin funct.

↑ insulin sens in adip.  
tissue / skeletal musc.  
can be added to metf.

↑ Risk Osteop. / Bone #  
CHF++  
monitor liver funct

Pioglitazone

15-30 od

	Drug	Dose	when to use	Precautions
①	Metformin	500mg → 2g	1st line <u>β cell funct</u>	renal imp air.
↓				
②	Empagliflozin	5bd or 10mg od	2nd line	eGFR < 30
	Vildagliptan	50mg od → bd	2nd line <u>β-cell funct.</u>	VFTs'
↓				
③	Gliclazide	40-160mg od	3rd line <u>Needs β cell funct.</u>	avoid in severe renal impairment.
↓				
④	Pioglitazone	15mg → 30mg od	—	CHF ⊕

β cell function

add insulin

} Metformin  
±  
Empagliflozin