

with significant body weight issues affecting health and quality of life, and should be considered only as an alternative where newer medications such as a thiazolidinedione were to be commenced, or insulin started therapy. The GDG reached a consensus on the thresholds of these criteria for this guideline in the absence of evidence to guide them.

Exenatide will be updated by NICE as part of a rapid update to this guideline which will also encompass other glucose-lowering therapies such as the gliptins.

## ORAL GLUCOSE CONTROL THERAPIES (2): OTHER ORAL AGENTS AND EXENATIDE; RECOMMENDATIONS

For oral agent combination therapy with insulin please refer to chapter 11.

### Thiazolidinediones (glitazones)\*

- R40 If glucose concentrations are not adequately controlled (to HbA<sub>1c</sub> <7.5 % or other higher level agreed with the individual), consider, after discussion with the person, adding a thiazolidinedione to the combination of metformin and a sulfonylurea if human insulin is likely to be unacceptable or ineffective because of employment, social or recreational issues related to putative hypoglycaemia, injection anxieties, other personal issues, or obesity/metabolic syndrome. Consider adding a thiazolidinedione as second-line therapy to:
- metformin as an alternative to a sulfonylurea where the person's job or other issues make the risk of hypoglycaemia with sulfonylureas particularly significant
  - sulfonylurea monotherapy when blood glucose control remains or becomes inadequate (HbA<sub>1c</sub> ≥6.5%) if the person does not tolerate metformin (or it is contraindicated).
- R41 Warn a person prescribed a thiazolidinedione about the possibility of significant oedema and advise on the action to take if it develops.
- R42 Do not commence or continue thiazolidinedione in people who have evidence of heart failure, or who are at higher risk of fracture.
- R43 When selecting a thiazolidinedione for initiation and continuation of therapy, take into account up-to-date advice from the relevant regulatory bodies (the European Medicines Agency and the Medicines and Healthcare products Regulatory Agency), cost and safety issues (note that only pioglitazone can be used in combination with insulin therapy, see recommendation 49).\*\*

### Gliptins: GLP-1 enhancers

No recommendations are made on the use of gliptins as these drugs are not covered in this guideline.

### Exenatide: GLP-1 mimetics

- R44 Exenatide is not recommended for routine use in Type 2 diabetes.\*

\* A short clinical guideline 'Newer agents for blood glucose control in Type 2 diabetes' is in development and is expected to be published by NICE in February 2009.

\*\* The summary of product characteristic for rosiglitazone was last updated in March 2008 – further updates regarding rosiglitazone and pioglitazone may occur in the lifetime of this guideline.

## Type 2 diabetes

- R45 Consider exenatide as an option only if all the following apply for the individual:
- a body mass index over 35.0 kg/m<sup>2</sup> in those of European descent, with appropriate adjustment in tailoring this advice for other ethnic groups
  - specific problems of a psychological, biochemical or physical nature arising from high body weight
  - inadequate blood glucose control (HbA<sub>1c</sub> ≥7.5 %) with conventional oral agents after a trial of metformin and sulfonylurea
  - other high-cost medication, such as a thiazolidinedione or insulin injection therapy, would otherwise be started.
- R46 Continue exenatide therapy only if a beneficial metabolic response (at least 1.0 % HbA<sub>1c</sub> reduction in 6 months and a weight loss of at least 5% at 1 year) occurs and is maintained.