

İlaç bilgilerine UpToDate ile kolayca erişin!

UpToDate'in ilaç veri tabanı içerdiğini biliyor muydunuz?

UpToDate içeriği içinde 5,800'ün üzerinde yetişkin, pediyatrik, uluslararası ve doğal ilaç bilgisine erişim sunulmaktadır. İlaçlara ait dozaj, kullanım, endikasyon ve kontraendikasyon bilgilerini içermektedir.

İlaç bilgilerine kolayca erişim için arama kutusu içinde ilaç ismini taratınız, ya da direkt olarak metin içerisinde link halinde bulunan ilaç isimlerine tıklayınız.

Topic Outline

[SUMMARY & RECOMMENDATIONS](#)

INTRODUCTION

TREATMENT GOALS

- Degree of glycemic control
- Cardiovascular risk factor management

DIABETES EDUCATION

- Weight reduction
 - Diet
 - Pharmacologic therapy
 - Surgical therapy
- Exercise
- Intensive lifestyle modification
- Psychological interventions

INITIAL PHARMACOLOGIC THERAPY

- When to start
- Choice of initial therapy
 - Asymptomatic
 - A1C at (<7.6 percent) or close to (>0.5 to 1.5 percent above, eg, 7.6 to 8.5 percent) treatment goal

- For patients presenting with symptomatic (eg, weight loss) or severe hyperglycemia (fasting plasma glucose >250 mg/dL [13.9 mmol/L], random glucose consistently >300 mg/dL [16.7 mmol/L], A1C >9.5 [80.3 mmol/mol]) with ketonuria, insulin is indicated for initial treatment. For patients presenting with severe hyperglycemia but without ketonuria or spontaneous weight loss, insulin remains the preferred initial therapy. However, for patients who are insulin averse, initial therapy with high-dose sulfonylurea is an alternative option, particularly for patients who have been quenching their thirst with sugar-sweetened beverages, in whom elimination of carbohydrates will cause a reduction in glucose within a couple of days. (See ["Symptomatic or severe hyperglycemia"](#) above and ["Insulin therapy in type 2 diabetes mellitus"](#).)
- A potential problem is that patients who are initially thought to have type 2 diabetes may actually have type 1 diabetes, and therefore require insulin as initial therapy. In patients in whom it is difficult to distinguish type 1 from type 2 diabetes, initial treatment with insulin is required. (See ["Insulin therapy in type 2 diabetes mellitus"](#), section on ["Insulin as initial therapy"](#).)
- We obtain an A1C at least twice yearly in patients meeting glycemic goals, and more frequently (quarterly) in patients whose therapy has changed or who are not meeting goals. Further adjustments of therapy, which should usually be made no less frequently than every three months, are based upon the A1C result (and in some settings, the results of home glucose monitoring). (See ["Monitoring"](#) above.)
- If inadequate control is achieved (A1C remains >7.0 percent [53.0 mmol/mol]), another medication should be added within two to three months of initiation of the lifestyle intervention and [metformin](#). (See ["Management of persistent hyperglycemia in type 2 diabetes mellitus"](#) and ["Insulin therapy in type 2 diabetes mellitus"](#).)

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REFERENCES

The screenshot shows the UpToDate website interface. The search bar contains "treatment of diabetes mellitus". The search results show "Metformin: Drug information". The page content includes a "Special Alerts" section with a warning about renal function, and a "Safety Review of Metformin-Containing Drugs April 2016" section. The page also includes a "Topic Feedback" button on the right side.

UpToDate ile ilgili daha fazla bilgi almak için lütfen bizimle iletişime geçiniz.

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