

**Scelte terapeutiche:
scelte appropriate scelte
personalizzate**

APPROPRIATEZZA OGGI...

Mono-therapy

Efficacy*
Hypo risk
Weight
Side effects
Costs

Healthy eating, weight control, increased physical activity & diabetes education

Metformin

high
low risk
neutral/loss
GI / lactic acidosis
low

If HbA1c target not achieved after ~3 months of monotherapy, proceed to 2-drug combination (order not meant to denote any specific preference - choice dependent on a variety of patient- & disease-specific factors):

Dual therapy[†]

Efficacy*
Hypo risk
Weight
Side effects
Costs

| Metformin + | Metformin + | Metformin + | Metformin + | Metformin + | Metformin + |
|---------------|-------------------|-----------------|-----------------|------------------------|-----------------|
| Sulfonylurea | Thiazolidinedione | DPP-4 inhibitor | SGLT2 inhibitor | GLP-1 receptor agonist | Insulin (basal) |
| high | high | high | high | high | high |
| moderate risk | low risk | low risk | low risk | low risk | high risk |
| gain | gain | neutral | loss | loss | gain |
| hypoglycemia | edema, HF, fxs | rare | GI, dehydration | GI | hypoglycemia |
| low | low | high | high | high | variable |

If HbA1c target not achieved after ~3 months of dual therapy, proceed to 3-drug combination (order not meant to denote any specific preference - choice dependent on a variety of patient- & disease-specific factors):

Triple therapy

| Metformin + | Metformin + |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----------------|
| Sulfonylurea | Thiazolidinedione | DPP-4 Inhibitor | SGLT-2 Inhibitor | GLP-1 receptor agonist | Insulin (basal) |
| + TZD | + SU | + SU | + SU | + SU | + TZD |
| or DPP-4-i | or DPP-4-i | or TZD | or TZD | or TZD | or DPP-4-i |
| or SGLT2-i | or SGLT2-i | or SGLT2-i | or DPP-4-i | or Insulin [§] | or SGLT2-i |
| or GLP-1-RA | or GLP-1-RA | or Insulin [§] | or Insulin [§] | | or GLP-1-RA |
| or Insulin [§] | or Insulin [§] | | | | |

If HbA1c target not achieved after ~3 months of triple therapy and patient (1) on oral combination, move to injectables, (2) on GLP-1 RA, add basal insulin, or (3) on optimally titrated basal insulin, add GLP-1-RA or mealtime insulin. In refractory patients consider adding TZD or SGLT2-i:

Combination injectable therapy[‡]

| Metformin + |
|--|
| Basal Insulin + Mealtime Insulin or GLP-1-RA |

LA SCELTA APPROPRIATA



Il concetto di appropriatezza fa riferimento al “modello decisionale” dell’atto medico

- **COMPETENZE professionali**
- **EVIDENZE a supporto della scelta**
- **FENOTIPIZZAZIONE appropriata**

La fenotipizzazione appropriata !

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oltre il target glicemicol'approccio alle comorbidità!

APPROPRIATEZZA OGGI...

Efficacia e Durability

Ipoglicemia

Benefici addizionali (Peso,P.A,Lipidi)

Comorbilità

Costi



**Nuovi farmaci per il diabete :
nuovi profili di appropriatezza**



Dal “Treat to target” al....”Treat to benefit”

*...efficacia duratura sui principali fattori di rischio
ottenuta in sicurezza e impatto sulle complicanze e
sulla mortalità cv.....*

...La cura del diabete!