Drug or management	Drug	Cost	Daily Testing	Names	Mechanism	HbA1c drop. Considerations
Blood pressure control 10/5mmHg NNT 34/5yr	Start with ACE or A2	healthy lo so 40% of peop 31% of peop 30% of	alt). De with high blood le with high blood people with high b	lood pressure reduced their blood pressure by 10 by reducing their salt intake (and replacing it with pressure reduced their blood pressure by 10 by changing to a healthier diet. oressure reduced their blood pressure by 10 by taking regular exercise. lood pressure reduced their blood pressure by 10 by reducing their alcohol intake. illy reduces blood pressure by 15 on average.		
Statin 1mmol/I NNT 44/5yr 7-10/10 yr	//// ***	25		Atorvastatin 20mg consider titration. Small improvement in NNT but many more side effects	Unknown and cholesterol lowering No proof measuring lipids helps. Drop to 10mg if significant side effects	
Other lifestyle measures	Physical activity NNT 10/10 yr	Mediterrane an (or low GI) diet NNT 8/10yr	Stopping smoking NNT 5-6/10yr	Losing as little as 5kg (if you are overweight) can make a big difference to your risk of high blood pressure, heart disease, stroke, type 2 diabetes, arthritis, gallstones, sleep apnoea and colon and breast cancers. Sleep apnoea is a common cause of high blood pressure in people who are overweight.150 minutes of physical activity brings down Hba1c by 10mmol/l. Consider orlistat or bariatric options.		
Glucose lowering 10 mmol/l medication overall NNT 119/5yr		1.		Lose 15-20% of weight and there is a very good chance that diabetes will be cured.		
Metformin x1-2/day tabs NNT 14/10yr if obese		255		Metformin MR	reduces glucose production by liver and increases insulin sensitivity	HbA1c ↓1-2% In the first few weeks after starting Metformin, patients may have some nausea, indigestion or diarrhoea. Stop if eGFR <30. Reduce dose if <45.
SU (sulphonylureas) x1-2 per day tabs		39	Occasional when started	Glimepiride, Gliclazide	increase insulin release,	HbA1c ↓1-2%. Weight gain and hypos. DVLA Some patients get nausea, rash and/or diarrhoea when they first start taking Sulphonylureas. This type of reaction may force them to stop taking the drug.
Tide injections daily, weekly (or x2/day) NINT 50/4yr	GLP-1 agonists	5 5 5 5 5 5 5	twice daily only when used together with SUs	Dulaglutide weekly (Trulicity) Liraglutide daily, exenatide weekly (Byetta only)	block glucagon	HbA1c 10.5-1% Weight loss Some patients may have nausea o diarrhoea. In some cases, the nausea may be severe enough tha a patient has to stop taking the drug. There are reports of pain in the abdomen that may be caused by inflammation of the pancreas with these agents.
Gliptins x1/day tabs	DPP-4 inhibitors	š š Š Š Š		sitaglipitin, linaglipitin	increase incretin and natural insulin production	HbA1c ↓0.5-1%. A few patients may get nose and sinus congestion, headaches, and perhaps be at risk of problems with their pancreas.
Gliflozins x1/day tabs	SGLT2 inhibitors	\$ \$ \$ \$		Empagliflozin NNT 40/3yr	Excrete glucose via kidney	HbA1c 10.5-1%. Weight loss Urinary tract infections and yeas infections are more common among patients taking this medication.
Insulin ×1/day tabs	NPH insulin analogues	<i>8</i> 85	twice daily at start	Insulatard - Humulin I Glargine	Takes glucose into cells.	HbA1c JUnlimited %.

Key:Benefits of management option:Harms of management option:to improve heart health:NNT: Number of type 2 diabetic patients needed to treat over X years to avoid one death or heart attack, angina or strokeFinancial cost:Cost effective: 🖚More expensive: 🚳Very expensive: 🚳 🚳