

**HEDEF HIPOGLİSEMİSİZ
KONTROL: TİP 2 DİYABETTE
TEDAVİ ALGORİTMASI**

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OLGU

52 yaşında erkek hasta, yeni tanılı T2DM

BMI: 34 kg/m², TA: 160/100 mmHg

Sigara: 30 P/yıl

Aile öyküsü T2DM+, KAH +

Semptom Yok

Kontrol amacıyla kan tetkiki yapılmış

A1C: 10.5%

Açlık Glukozu: 217 mg/dl

ALT: 65 U/l

LDL: 142 mg/dl

HDL: 28 mg/dl

Trigliserid: 490 mg/dl

Albüminüri: 100 mg/24 saat

Bu Hastada Tercihiniz nedir?

- **A) BAZAL+BOLUS INSULIN +LS + Fenofibrat + ACE inh**
- **B) BAZAL INS + METFORMIN + DPP-4 +LS +Fenofibrat**
- **C) BASAL INSULIN + SGLT2 INH + METFORMIN +LS**
- **D) METFORMIN + PIO + GLP-1 +LS + Statin + ACE inh**
- **E) GLICLAZIDE + METFORMIN + LS +Fenofibrat**

OMINOUS OCTET

Decreased
Incretin Effect

Increased
Lipolysis

Decreased Insulin
Secretion

Islet- α cell

HYPERGLYCEMIA

Increased
Glucose
Reabsorption

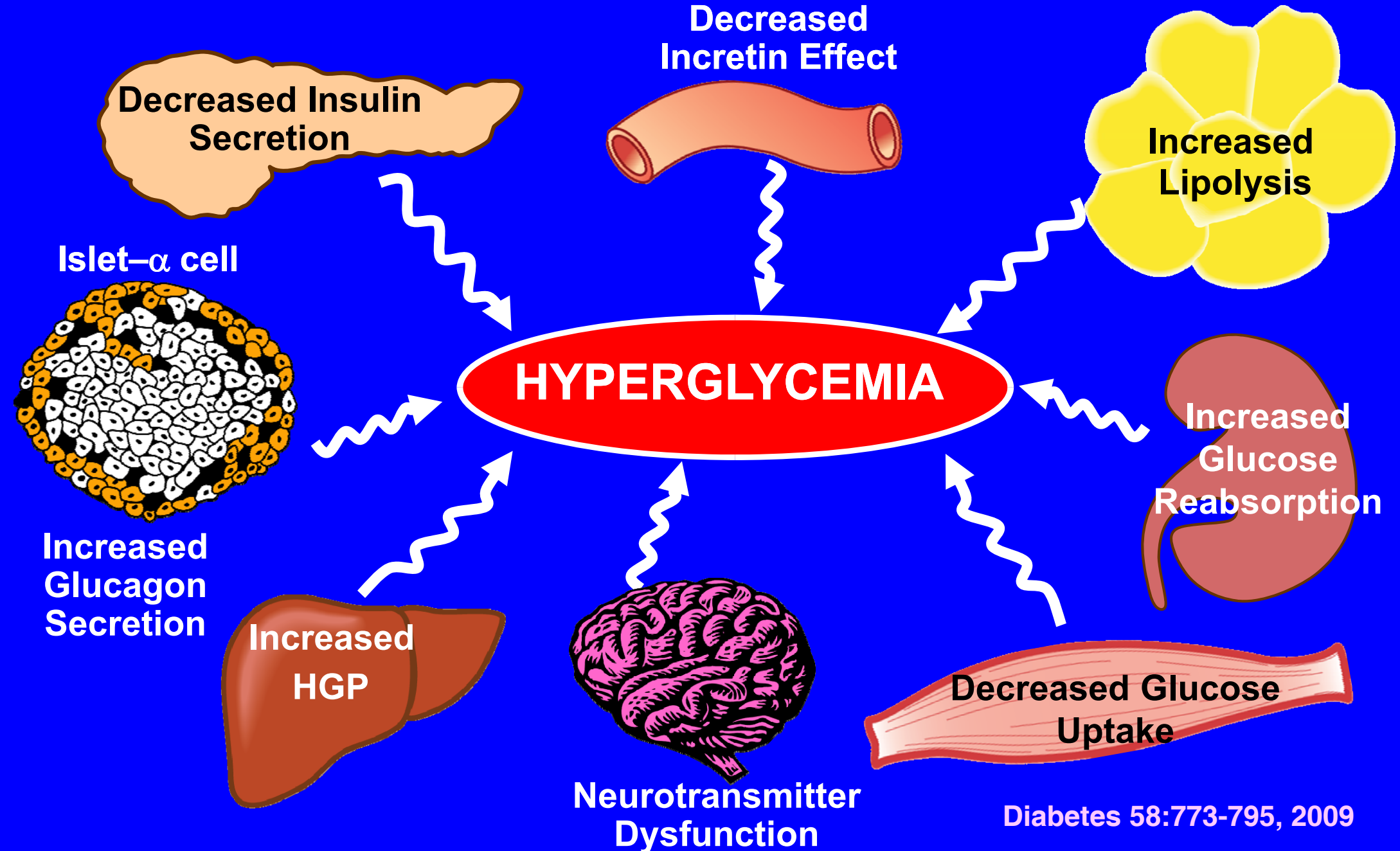
Increased
Glucagon
Secretion

Increased
HGP

Decreased Glucose
Uptake

Neurotransmitter
Dysfunction

Diabetes 58:773-795, 2009



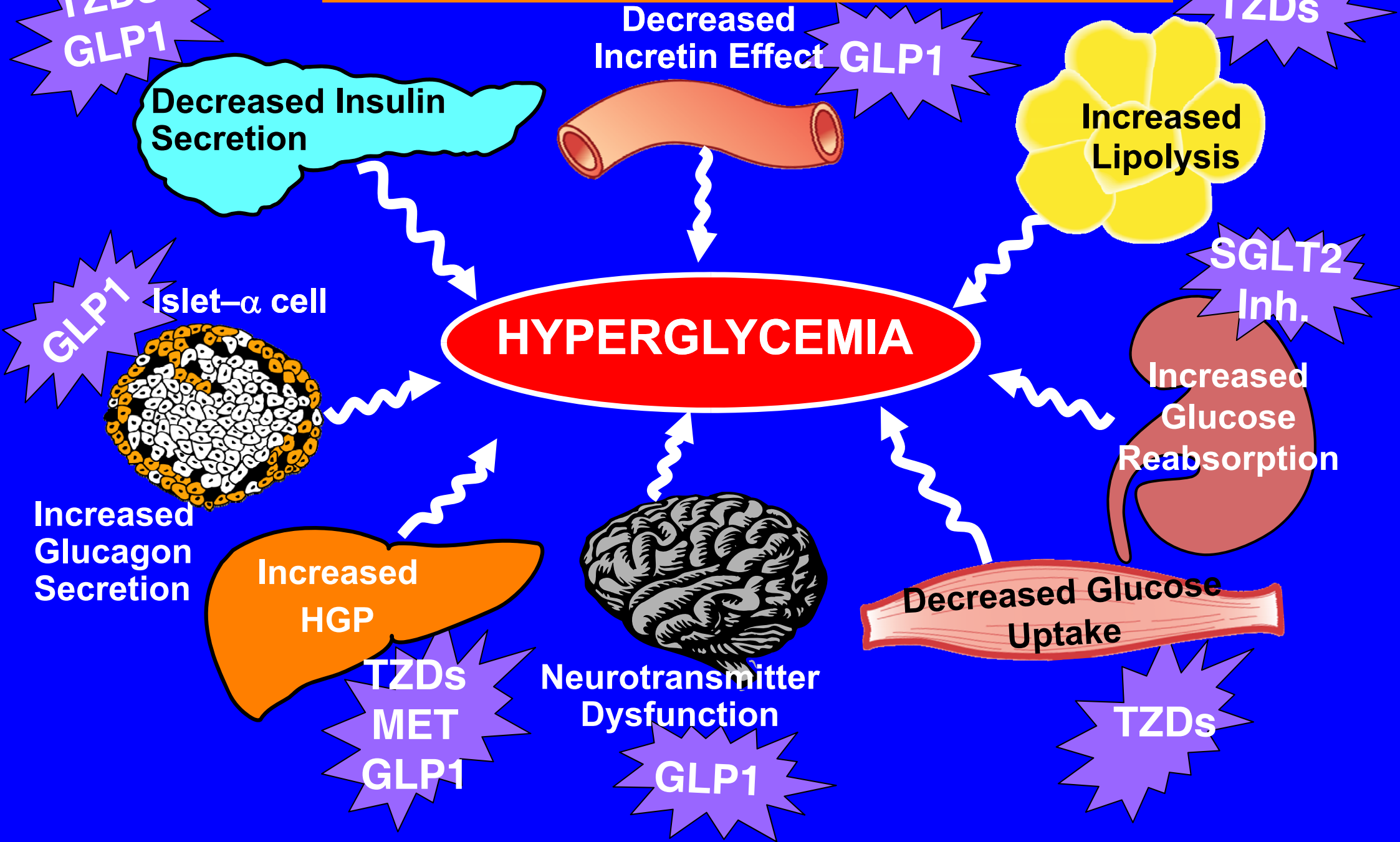
TREATMENT OF T2DM

- (1) Will require multiple drugs in *combination* to correct multiple pathophysiologic defects
- (2) Should be based upon *known pathogenic abnormalities*, and NOT simply on the reduction in HBA1c
- (3) Must be started *early* in the natural history of T2DM, if progressive beta cell failure is to be prevented

TREATMENT OF T2DM

- (4) **Drugs exerts beneficials effects on cardiovascular risk factors, and decrease cardiovascular events.**
- (5) **Should be weight neutral, if possible , promote weight loss.**
- (6) **Should be safe (No hypo) and cheap.**

OMINOUS OCTET



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OLGU 6 ay sonra

BMI: 30 kg/m², TA: 140/90 mmHg

A1C: 6.7%

Açlık Glukozu: 117 mg/dl

ALT: 38 U/l

LDL: 88 mg/dl

HDL: 36 mg/dl

Trigliserid: 126 mg/dl

DON'T FORGET (ABCDE)

- **A** A1c
- **B** Blood Pressure
- **C** Cholesterol
- **C** Coraspin
- **D** Decrease Body Weight
- **E** Exercise