Figure 2. ACE/AACE Road Map to Achieve Glycemic Goals: Type 2 Diabetes Treated Patients

Current A1C%

<6.5%

Monotherapy or Combination Therapy

Current Therapy

Intervention

Continuous Titration of Rx (2-3 months)

Monitor/adjust Rx to maintain ACE Glycemic Goals†

Monitor/adjust Rx to meet ACE Glycemic Goals†

Combination Therapy: Glinides, SU, AGI, metformin, TZD, DPP-4, premixed insulin preparations, prandial or basal insulin

Intensify Lifestyle Modification

Maximize Combination Therapy

Maximize Insulin Therapy

Intensify Lifestyle Modification

Initiate Insulin Therapy (Basal-Bolus)

• Basal + prandial insulin

• Premixed insulin preparations

Combine with approved oral agents

Continuous Titration of Rx (2-3 months)

Monitor/adjust Rx to maintain ACE Glycemic Goals†

Monitor/adjust Rx to meet ACE Glycemic Goals†

<6.5%

Monotherapy: Glinides, SU or Glinide; Metformin + TZD; Metformin + DPP-4; Metformin + SU; DPP-4 + Metformin ± SU; DPP-4 + TZD; Colesevelam + met, SU or insulin; Incretin mimetic + metformin and/or SU

Intensify Lifestyle Modification

Initiate Combination Therapy

• Metformin + SU or Glinide

• Metformin + TZD 2 or 3 or AGI

• TZD + SU

• DPP-4 + Metformin + SU

• DPP-4 + TZD

• Colesevelam + met, SU or insulin

• Incretin mimetic + metformin and/or SU

Other approved combinations including approved oral agents with insulin

6.5-8.5

Monotherapy or Combination Therapy

Continue Lifestyle Modification

Current Therapy

Intervention

Monitor/adjust Rx to maintain ACE Glycemic Goals†

Monitor/adjust Rx to meet ACE Glycemic Goals†

6.5-8.5

Combination Therapy: Glinides, SU, DPP-4, AGI, metformin, TZD, colesevelam, incretin mimetic, premixed insulin preparations, prandial or basal insulin

Intensify Lifestyle Modification

Maximize Combination Therapy

Maximize Insulin Therapy

Intensify Lifestyle Modification

Initiate Insulin Therapy (Basal-Bolus)

• If elevated FPG, add or increase basal insulin

• If elevated PPG, add or increase prandial insulin

• If elevated FPG and PPG, add or intensify basal + prandial or premixed insulin therapy

• Combine with approved oral agents

• Amylin analog** with prandial insulin

Add incretin mimetic to patients on SU, TZD, and/or metformin

8.5

Monotherapy or Combination Therapy

Initiate Combination Therapy

• Metformin + SU or Glinide

• Metformin + TZD

• Metformin + DPP-4

• Metformin + AGI

• Metformin + SU or insulin

• Incretin mimetic + metformin and/or SU

Other approved combinations including approved oral agents

• Amylin analog** with prandial insulin

Add incretin mimetic to patients on SU, TZD, and/or metformin

≥8.5

Monotherapy or Combination Therapy

Initiate Insulin Therapy (Basal-Bolus)

• Basal + prandial insulin

• Premixed insulin preparations

Combine with approved oral agents

ACE/AACE Diabetes Road Map Task Force

Paul S. Jellinger, MD, MACE, Co-Chair
Jaime A. Davidson, MD, FACE, Co-Chair
Lawrence Blonde, MD, FACP, FACE; Daniel Einhorn, MD, FACP, FACE; George Grunberger, MD, FACP, FACE; Yehuda Handelsman, MD, FACP, FACE; Richard Hellman, MD, FACP, FACE; Harold Lebovitz, MD, FACE; Philip Levy, MD, FACE; Victor L. Roberts, MD, MBA, FACP, FACE.

© 2008 AACE. All rights reserved. No portion of the Roadmap may be altered, reproduced or distributed in any form without the express permission of AACE.

* Available as exenatide
** Available as pramlintide
† Analog preparations preferred
‡ Prandial insulin (rapid-acting insulin analogs available as lispro, aspart, glulisine or regular insulin) can be added to any therapeutic intervention at any time to address persistent postprandial hyperglycemia
§ Available as glargine and detemir
¶ A recent meta-analysis suggests a possible link of rosiglitazone to cardiovascular events; other studies do not confirm or exclude this risk. The FDA has stated “In their entirety, the available data on the risk of myocardial infarction are inconclusive.”
‖ Cannot be used in NYHA CHF Class 3 or 4
⇑ According to the FDA, rosiglitazone not recommended with insulin

†ACE Glycemic Goals
≤ 6.5% A1C
< 110 mg/dL FPG
< 110 mg/dL Preprandial
< 140 mg/dL 2-hr PPG

© 2008 AACE. All rights reserved. No portion of the Roadmap may be altered, reproduced or distributed in any form without the express permission of AACE.