

Required medication adjustments

Blood glucose-lowering medication adjustments

- ❖ It is essential that sulfonylureas, meglitinides, and SGLT2 inhibitors are stopped on the first day of TDR as these medicines are not safe with TDR
- ❖ People on 1-2 glucose-lowering medications should stop or reduce these medications on the first day of TDR
- ❖ People on ≥ 3 medications should stay on metformin only (or, if not taking metformin as it is contraindicated / not tolerated, stay on an oral medication which is safe with TDR, e.g. DPP4 inhibitor or pioglitazone) and stop the remaining glucose-lowering medications on the first day of TDR
- ❖ Counsel the patient about the osmotic symptoms of diabetes and advise them of when and how to seek appropriate support

Blood glucose-lowering medication adjustments

- ❖ Note that BP-lowering medications include those used for other indications (e.g. tamsulosin for benign prostatic hypertrophy, furosemide for oedema) as well as those used specifically for managing BP
- ❖ If blood pressure is considered uncontrolled at time of referral (systolic ≥ 140 mmHg or diastolic ≥ 90 mmHg), make no changes to BP-lowering medications
- ❖ If blood pressure is considered controlled at time of referral (both systolic < 140 mmHg and diastolic < 90 mmHg), one BP-lowering medication should be adjusted on the first day of TDR
- ❖ If reviewing the patient remotely, it is reasonable to use self-reported blood pressure. If not available, the last clinic-recorded blood pressure may be used, provided there is no concern of white coat hypertension or that blood pressure may have changed significantly since last measured
- ❖ Medications being used specifically and solely for managing blood pressure, in a particular patient, are the priority for adjustment. Suggested process:
 - » Identify the medications used by the patient solely for managing blood pressure (i.e. not also being used for nephropathy, angina, heart failure, BPH, migraines etc)
 - » Stop the medication which would have been added last according to current NICE guidance - unless other clinical factors affect decision making
 - » If not being used for other indications, this would be (in order of stopping first):
 - Spironolactone or alpha-blocker or beta-blocker
 - Thiazide diuretic (or calcium-channel blocker)
 - Calcium-channel blocker (or thiazide diuretic)
 - ACE-inhibitor or Angiotensin receptor blocker
- ❖ If the patient is taking medications which affect blood pressure, but all are being used for other indications (none are being used solely to manage blood pressure):
 - » Use clinical judgement and shared decision making and take into account the BP reading
 - » Cautiously reduce the dose of this medication rather than stopping it
 - » Consider arranging early review, in relation to the specific indication for the medication
 - » In some circumstances, it may be reasonable not to adjust these medications initially but to carefully monitor and respond accordingly
- ❖ Counsel the patient about symptoms of postural hypotension and when and how to seek support