

Frequently Asked Questions

What are ADA guideline recommended alternatives to DPP-4 inhibitors?

As a class of medications, DPP-4s provide a relatively small decrease in the HbA1c when compared to their high cost. Classes of equal cost, like SGLT2s offer almost twice the glucose-lowering power of the DPP-4s. In addition, SGLT2s and GLP-1s both offer cardiovascular and renal benefits that can help prevent heart disease while reducing the progression of diabetic kidney disease.

Why should metformin be titrated to 2g/day?

Maximum HbA1c reduction without significant side effects can be achieved by gradual dose titration of metformin to 2g/day. Generally, clinically significant responses are not observed with doses < 1,500 mg/day and doses > 2g/day are associated with little additional efficacy and poorer tolerability therefore, 2g/day is the optimal dose for this first-line agent.

How can metformin GI intolerance be minimized?

Gradual dose titration of metformin can reduce gastrointestinal intolerance due to bloating, abdominal discomfort, and diarrhea. Follow the recommended titration schedule for each metformin formulation.

Immediate-release tablet:

Adults: Initial: 500 mg daily; dosage may be increased by 500 mg weekly.
Maximum dose: 2,550 mg daily.

Extended-release tablet (Generic Glucophage XR):

Adults: Initial: 500 mg once daily; dosage may be increased by 500 mg weekly.
Maximum dose: 2,000 mg daily.

For patients who have gastrointestinal intolerance of metformin, slower titration, ensuring that the patient is taking the medication with food, or switching to the extended-release formulation referenced above may improve tolerability.