A Word About This Guide

Type 2 diabetes is a worldwide epidemic fueled by the increasing prevalence of obesity, sedentary lifestyles, and poor nutrition. We now predict that one in three American children born in 2000 will develop type 2 diabetes with the attendant risks of early morbidity and mortality. In the U.S. in 2017, annual expenditures for people with diabetes approximated 327 billion dollars, taking an increasing portion of expenditures for health care (1 in 7 health-care dollars), making this disease a problem for both society and the individual. Reversing these trends will take a concerted effort in public education directed toward developing better eating and lifestyle habits, as well as sustainable behavior change.

Although prevention of type 2 diabetes is a necessary key to addressing the epidemic, for the foreseeable future clinicians will be caring for an increasing number of individuals with diabetes. Since the last edition of this guide, there has been a significant increase in our knowledge of the pathogenesis of type 2 diabetes, its complications, and the options for treatment. Numerous studies have shown that lifestyle changes and pharmacological interventions make a significant impact on the well-being of the patient. Several cardiovascular and renovascular intervention trials have demonstrated the benefits of novel classes of anti-hyperglycemic medications such as GLP-1 receptor agonists and SGLT2 inhibitors in reducing the progression and complications of this disease, and in some cases reducing cardiovascular mortality. The aggressive intervention with medications to control blood pressure and lipids, smoking cessation, and anti-platelet therapy have been shown to prevent cardiovascular events in people with type 2 diabetes. When diabetes requires pharmacologic intervention, multiple drugs can and should be used in combination to control hyperglycemia in a timely fashion in order to avoid therapeutic inertia and prevent long-term complications. The introduction of medications that have unique mechanisms, such as the long-acting (once-daily and once-weekly) GLP-1RA, have changed our approach to the patient needing to transition to injectable therapy to improve glycemic control. These agents are recommended before insulin therapy is considered, unless hyperglycemia is very symptomatic. New insulin analogs and improved delivery devices can facilitate insulin administration for patients, which should improve treatment acceptance and adherence. Using available behavioral, educational, and therapeutic tools in the context of a multidisciplinary team approach to care for individuals with type 2 diabetes should translate into reduced diabetes-related complications and co-morbidities.

This edition of *Medical Management of Type 2 Diabetes* has been updated to provide state-of-the-art information on these issues by a select group of experts. It also reflects the most recent *Standards of Medical Care in Diabetes* from the American Diabetes Association. This book, along with other American Diabetes Association publications, including *Medical Management of Type 1 Diabetes*, *Therapy for Diabetes Mellitus and Related Disorders*, *Intensive Diabetes Management*, and *Medical Management of Pregnancy Complicated by Diabetes*, were designed to provide health-care professionals with the comprehensive information needed to give the best possible medical care to patients with diabetes mellitus.

The American Diabetes Association believes that you will find this book as useful as previous editions, with timely and valuable updates based on published evidence. We hope that it will encourage you to add other American Diabetes Association publications to your library and in so doing continue to optimize your approach and management for people with diabetes.

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