

Antidiabetic Medications & their Medical Nutrition Therapy Significance

Drugs, Class/ Site of Action / System(s) Targeted	Glycemic Elevations Most Affected & Expected A1c Reduction	Recommended SMBG Testing for Effectiveness	Greatest Risk for Hypoglycemia	Medical Nutrition Therapy (MNT) Implications
Secretagogues: <i>Sulfonylureas</i> / Pancreas				
<i>Glipizide</i> <i>Glyburide</i> <i>Glimeperide</i>	Fasting & postprandial & A1c 1-2%	2-3 times per day, especially fasting	<ul style="list-style-type: none"> • 4-6 hours after meals & fasting • with missed meal or snacks 	<ul style="list-style-type: none"> • emphasize weight management techniques • appropriate snacks and timing • take before meal; skip drug if not eating
Secretagogues: <i>Non-Sulfonylureas</i> / Pancreas				
<i>Repaglinide</i> <i>Nateglinide</i>	Postprandial & A1c 0.5-2%	2 hours after meal	<ul style="list-style-type: none"> • 1 hour after meal • with missed meal or snacks 	<ul style="list-style-type: none"> • emphasize weight mgt techniques • appropriate snacks and timing • take before meal; skip drug if not eating
Sensitizers: <i>Biguanides</i> / Liver / <i>Muscle</i> / <i>Adipose Tissue</i>				
<i>Metformin</i>	Fasting & postprandial & A1c 1 to 2%	Fasting	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • may cause weight loss • limit foods that can cause GI side effects • take with food to reduce GI side effects
Sensitizers: <i>Alpha-Glucosidase Inhibitors</i> / Small Intestines				
<i>Acarbose</i> <i>Miglitol</i>	Post-prandial & A1c 0.5-0.8%	2 hours after meal	<ul style="list-style-type: none"> • None • Treat with glucose tablets (pre-digested carbohydrates) 	<ul style="list-style-type: none"> • must be taken before carbohydrate-containing meals, with first-bite of food • caution for GI side effects & minimize by reducing foods that cause abdominal bloating, & flatulence • may cause low serum iron
Sensitizers: <i>Thiazolidinediones</i> / Muscle / <i>Liver</i> / <i>Adipose Tissue</i>				
<i>Rosiglitazone</i> <i>Pioglitazone</i>	Fasting & postprandial & A1c 1 to 2%	2 -3 times per day, especially fasting	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • reduce caloric consumption to avoid weight gain • reduce sodium to reduce fluid retention • can be taken with or without food • adequate osteoporosis protection
Incretin System: <i>DPP-4 Inhibitors</i> / Small Intestines / <i>Pancreas</i> / <i>Liver</i> / <i>Muscle</i>				
<i>Sitagliptin</i> <i>Saxagliptin</i> <i>Linagliptin</i> <i>Alogliptin</i>	Fasting, postprandial & A1c 0.7 to 1.4%	2 -3 times per day	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • weight-neutral • concentrate on healthy food choices • can be taken with or without food
Incretin-Mimetic: <i>GLP-1 Receptor Agonists</i> / Small Intestines / <i>Pancreas</i> / <i>Liver</i> / <i>Muscle</i> / <i>Brain</i> / <i>Adipose Tissue</i>				
<i>Exenatide & Exenatide XR</i> <i>Liraglutide</i> <i>Albiglutide</i>	Postprandial & A1c 0.5-1.5%	2 hours after meals and fasting	<ul style="list-style-type: none"> • a reactive hypoglycemia if significant hyperglycemia 	<ul style="list-style-type: none"> • slows gastric emptying & causes feeling of fullness halfway through meals • can cause some nausea or feelings of satiety early in meals (avoid greasy or acidic foods; counteract with carbonated beverage or ginger) • increased water & fiber since potential side effect of constipation

<i>Dulaglutide</i>				<ul style="list-style-type: none"> • give 30-60 minutes before eating & do not take after or during eating • consume at least 30 grams of complex carbohydrate
Amylin Mimetic: Pancreas				
<i>Pramlintide</i>	Postprandial & A1c 0.3-0.6%	Before meals & 2 hours after	• 2-3 hours after meals	<ul style="list-style-type: none"> • slows gastric emptying • causes feeling of fullness halfway through meals • can cause some nausea or feelings of satiety early in meals • consume at least 30 grams carbohydrates
Dopamine Agonist: Brain				
<i>Bromocriptine mesylate</i>	Postprandial & A1c 0.6-0.9%	Postprandial	• None	<ul style="list-style-type: none"> • take with food within 2 hours of awakening • may cause nausea • weight-neutral
Sodium Glucose Co-transporter 2 Inhibitors: Kidney				
<i>Canagliflozin</i> <i>Dapagliflozin</i> <i>Empagliflozin</i>	Fasting, postprandial & A1c 0.91-1.16%	Fasting, pre-meals, & postprandial	• None	<ul style="list-style-type: none"> • may increase LDL cholesterol • may increase risk of hypotension • may promote weight loss
Insulins: Basal Analogs (long-acting)				
<i>Glargine</i> <i>Detemir</i>	Fasting & A1c	Fasting & Pre-meals	• None	<ul style="list-style-type: none"> • timing of meals not an issue if receiving proper dose, but carry snacks in case meal is delayed
Insulins: Mealtime Analogs (rapid-acting)				
<i>Lispro</i> <i>Aspart</i> <i>Glulisine</i> <i>Afrezza (inhaled)</i>	Postprandial & HbA1c	Postprandial	• 1 to 1 ½ hours post-injections	<ul style="list-style-type: none"> • insulin to carbohydrate ratio education • hypoglycemic precautions
Insulins: Intermediate-Acting (NPH)				
<i>Humulin N</i> <i>Novolin N</i>	Fasting & HbA1c	Fasting & Pre-meal & Between-meal	• 6-12 hours post-injections	<ul style="list-style-type: none"> • eat 3 meals daily with between meal snacks • keep carbohydrate content of meals as consistent as possible
Insulins: Short-Acting (Regular)				
<i>Humulin R</i> <i>Novolin R</i>	Postprandial & HbA1c	Post-prandial & Between-meal	• 2-4 hours post-injections	<ul style="list-style-type: none"> • insulin to carbohydrate ratio education • keep snacks available due to unpredictability
Insulins: Pre-mixed Analogs (combination basal & mealtime)				
<i>Lispro Protamine/ Lispro</i> <i>Aspart Protamine/ Aspart</i>	Fasting, Postprandial & HbA1c	Fasting, Pre-meals & Post-prandial	• 1-4 hours post-injection	<ul style="list-style-type: none"> • eat 3 meals daily • keep carbohydrate content of meals as consistent as possible