

## **SGLT2 INHIBITORS (Gliflozins)**

e.g. Dapagliflozin, Canagliflozin and Empagliflozin

These work by reducing the amount of glucose in your blood by helping glucose pass out of the body in your urine.

### **Things to remember about taking Gliflozins:**

- Gliflozins are taken once daily
- If you miss a dose, don't panic. Forget this dose and then take your tablet with your next meal as normal
- **Do not** take if you develop **diarrhoea and vomiting or being treated for a chest or water (urine) infection**. You can **re-start** after your symptoms have **stopped**
- Drink plenty of fluids to avoid dehydration
- **Side effects:** Gliflozins can cause thrush, water infections, genital tract infections and abscess. They can also cause dehydration. If you experience any vomiting, abdominal pain, a dry mouth, become very thirsty, feel very sleepy or tired, pass little or no urine or have a very fast heartbeat, seek advice from your practice nurse or GP

## **PIOGLITAZONE**

Pioglitazone helps the body make better use of the insulin it produces.

### **Things to remember about taking your Pioglitazone:**

- Pioglitazone can be taken once daily
- If you miss a dose, don't panic. Forget this dose and then take your tablet with your next meal as normal
- **Side effects:** Pioglitazone is usually well tolerated. However, if you experience swelling of the ankles, dizziness, blood in your urine, difficulty passing urine, dark urine, abdominal pain, nausea & vomiting or become short of breath seek advice from your practice nurse or GP.

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### **HYPOGLYCAEMIA (HYPO)**

Some diabetes medication can cause hypos

If you experience feeling **sweaty, shaky** or **lightheaded** this may indicate that your blood glucose is **too low** & the dose of your diabetes medication may be **too high**. You will need to discuss this with your practice nurse or GP

**Alcohol** can increase the risk of hypos occurring especially if taking a Sulphonylurea.



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## **Patient Information Leaflet**

# **Diabetes Oral Agents**

This leaflet contains some general guidelines on how to take your diabetes medication safely

Please refer to individual information leaflets for more detailed advice on your medication

Your medication is:

- 1.
- 2.
- 3

*Devised by the Diabetes Specialist Nurses  
Wrexham Maelor Hospital March 2014.  
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## METFORMIN

Metformin lowers your blood glucose by making the insulin you produce work more effectively. It **does not** stimulate the pancreas to release insulin.

### Things to remember about taking your Metformin tablets:

- Metformin must be taken **with** or immediately **after** a main meal
- If you **miss** a dose, don't panic. Forget this dose and then take your tablet/s as normal with your next meal
- **Do not** take your metformin if you develop **diarrhoea and vomiting or being treated for a chest or water (urine) infection**. You can **re-start** your metformin after your symptoms have **stopped**
- **Side effects:** If you develop persistent loose bowel motions, stomach cramps, nausea, or indigestion, you may need to have your metformin dose reduced, changed to a **slow release** form or even discontinued. Discuss the symptoms if they develop with your practice nurse or GP

## SULPHONYLUREAS (SUs)

### e.g. Gliclazide and Glimepiride

SUs work by stimulating your pancreas to produce insulin therefore lowering your blood glucose level.

### Things to remember about taking your SU tablets:

- Tablets should be taken **immediately before** breakfast and evening meal. (You may only require it initially at breakfast)
- If you miss a dose, don't panic. Forget this dose and then take your tablet with your next meal as normal
- Please ensure you have your lunch approximately **4 to 5** hours after breakfast to avoid low blood glucose readings at lunchtime. Do not **omit** your lunch
- **Side effects:** If you experience nausea, diarrhoea or skin rashes seek advice from your practice nurse or GP
- If you experience feeling **sweaty, shaky** or **lightheaded** this may indicate that your blood glucose is **too low** (Hypoglycaemia). This may mean the dose of your medication may be **too high** and you will need to discuss this with your practice nurse or GP

Please see DVLA information for drivers, available at [gov.uk/diabetes-driving](http://gov.uk/diabetes-driving). Patients with Group 2 license (bus/lorry) must inform DVLA they are taking an SU

## DPP-4 INHIBITORS (GLIPTINS)

### e.g Sitagliptin, Saxagliptin, Linagliptin, Vildagliptin and Alogliptin

These help to increase levels of insulin produced after a meal & reduce the amount of glucose being produced by the liver when it is not needed.

### Things to remember about taking your Gliptin tablets:

- It can be taken with or without food but try to take your medication around the **same time** each day
- If you miss a dose, don't panic. Forget this dose and then take your tablet next day as normal
- **Side effects:** Gliptins are usually very well tolerated. However very rarely Gliptins have been associated with inflammation of the pancreas. You should therefore **should seek urgent medical advice if you experience severe abdominal pain** (sometimes felt in back) with or without nausea & vomiting