Type 2 Diabetes Mellitus
GP Update, 2025

Frequently Asked Questions, with Dr Simone Gonzo

Q: How is remission defined in the new guidelines?
A: HbA1c <6.5% maintained ≥3 months without glucose-lowering medication. It's remission, not cure — continue monitoring every 6 months.

Q: What are the preferred weight-management strategies?
A: Diet, exercise, and early introduction of obesity pharmacotherapy. Bariatric or metabolic surgery is recommended for BMI > 30 with uncontrolled diabetes.

Q: When should patients with early-onset diabetes (18–30 yrs) be referred?
A: Always. They have higher complication risk and require endocrinology review.

Q: What is the first-line pharmacological treatment?
A: Metformin remains the gold standard unless contraindicated. Start low, go slow, and review every 3 months.

Q: When should insulin be initiated?
A: In cases of metabolic decompensation (e.g., marked hyperglycaemia or catabolism), or where oral therapy fails.

Q: What are the new recommendations for CVD and CKD protection?
A: Early use of SGLT2 inhibitors (empagliflozin, dapagliflozin) or GLP-1 RAs (semaglutide). Target BP < 140/90, LDL < 2.0 mmol/L. Use ACE/ARB and statin first-line.

Q: How should mental health be addressed?
A: Screen for diabetes distress and depression routinely. Use the Seven A's model and refer for psychology under a mental health plan.

Q: What are the sick-day or fasting medication rules?
A: Cease SGLT2 inhibitors at least 3 days before surgery or fasting. Metformin may be paused if dehydrated or fasting. Resume when eating normally.

Q: Are statins still recommended despite media controversy?
A: Yes. Statins remain first-line for lipid control and CVD prevention. If not tolerated, switch to ezetimibe or refer for PCSK9 inhibitor (e.g., Repatha).

Q: How do patients access continuous glucose monitoring (CGM)?
A: Through a diabetes educator or endocrinologist. Funded for Type 1 DM and pregnant Type 2 patients.

Q: When is bariatric surgery indicated?
A: As soon as possible in morbid obesity (BMI > 30) with uncontrolled diabetes, hypertension, or OSA.

Q: Do all diabetes patients need NDSS registration?
A: Not mandatory but strongly recommended. Provides subsidised supplies, education, and support.

Q: Who conducts driving medicals for insulin-treated patients?
A: Endocrinologists must assess commercial drivers on insulin annually under Australian Driving Guidelines.

Q: How can GPs manage PBS limits on multiple diabetic agents?
A: Use fixed-dose combinations (e.g. Jardimet). Combination therapy is common and acceptable when clinically indicated.

Q: How often should screening for complications occur?
A:

- Retinopathy: at diagnosis, then every 1–2 years.
- Kidney disease: annual ACR + eGFR.
- Cognitive assessment: annually ≥65 yrs.
- Foot checks: at each review if risk factors present.

Where to next

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