Diabetes medications

a key to living well with diabetes

Type 2 diabetes is a chronic condition which often involves taking more than one diabetes medication. Many patients find this challenging. Your healthcare professional can support you with this and other aspects of your diabetes care so you can live well with diabetes.



Why do I need diabetes medications and what are the benefits?



You need diabetes medications to help you live well with diabetes. Diabetes medications lower your blood sugar and help prevent serious problems related to diabetes.

Diabetes medications give you the best results when you lead a healthy lifestyle and have regular check-ups. These three things work together so you can live well with diabetes.





The benefits of living well with diabetes include



Few or no diabetes symptoms, such as frequent thirst or passing more urine



Lower risk of eye problems, such as blurred vision or blindness



Lower risk of foot problems, such as foot ulcers or amputations



Lower risk of heart attack and stroke



Lower risk of kidney problems, including the need for dialysis or transplant

How do I get the most benefits from my diabetes medications?



Your doctor has chosen your diabetes medications based on your personal health needs and preferences. To get the most out of your medications, **take them regularly** and as directed by your doctor.



Follow a routine or use medication reminder tools such as pillboxes or phone alarms to help you remember to take your medications.



See your doctor regularly to review your diabetes management, including your medications.



Continue with a healthy lifestyle, including healthy eating, not smoking, keeping a healthy weight and regular exercise.

What do I do if I get side effects from my diabetes medications?



Your doctor has chosen medications they think are best for you, considering the benefits and possible side effects.

Don't stop your diabetes medications for any reason without checking with your doctor. If you have any concerns, let your doctor know so they can advise you on what to do. Your doctor can also adjust your medications to better suit you and give you the best results.



Scan for more information on diabetes and diabetes medications.

Statement of Intent: This patient education aid facilitates discussions between healthcare professionals and patients on diabetes medications. The information presented here is not exhaustive of the subject matter and does not replace advice from a healthcare professional

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Note for healthcare professionals — Information about this patient education aid

This patient education aid facilitates discussions between healthcare professionals and patients to encourage better adherence to diabetes treatment and greater patient ownership of their diabetes management.

Diabetes medications are an integral component of overall diabetes management. Poor medication adherence to diabetes medications is associated with poorer glycaemic control, increased use of medical resource, higher healthcare cost and mortality rates. 1–5 A local study of patients with newly diagnosed diabetes reported that 35% did not adhere to their medications. 1,2

Reinforce the importance and benefits of diabetes medications and medication adherence with the following discussion points:



Highlight the importance of diabetes medications as a key to living well with diabetes, alongside healthy lifestyle and regular review.



Explain the benefits of T2DM medications, and how good adherence to these medications can help the patient to get the most benefits from them.



Prompt the patient to share any concerns or questions they may have about their diabetes medications (e.g. side effects) to allow for early clarification or intervention, if needed.

References:

- 1. Lin LK, Sun Y, Heng BH et al. BMJ Open Diabetes Res Care. 2017;5(1):e000429.
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- 3. Lee CS, Tan JHM, Sankari U et al. BMJ Open. 2017;7(9):e016317.
- 4. Polonsky WH, Henry RR. Patient Prefer Adherence. 2016;10:1299-1307.
- 5. García-Pérez L-E, Álvarez M, Dilla T et al. Diabetes Ther. 2013;4(2):175-194.

