

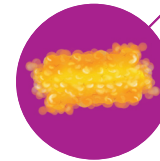
GASTROINTESTINAL TRACT

Core Defect
Decreased incretin effect



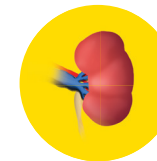
ADIPOSE TISSUE

Core Defect
Increased lipolysis



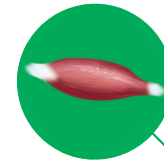
KIDNEY

Core Defect
Increased glucose reabsorption



MUSCLE

Core Defect
Decreased glucose uptake



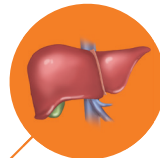
BRAIN

Core Defect
Neurotransmitter dysfunction



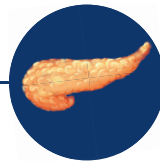
LIVER

Core Defect
Increased hepatic glucose production



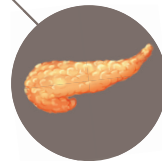
PANCREATIC BETA CELL

Core Defect
Decreased insulin secretion



PANCREATIC ALPHA CELL

Core Defect
Increased glucagon secretion



CORE DEFECTS IN T2 DIABETES¹



TREATMENT OPTIONS FOR HYPERGLYCEMIA

CLASS ^{1*}	PRIMARY PHYSIOLOGICAL ACTION(S) ¹	TARGET ORGANS							
		KIDNEY	PANCREATIC ALPHA CELL	LIVER	MUSCLE	PANCREATIC BETA CELL	STOMACH	ADIPOSE TISSUE	BRAIN
Biguanides	<ul style="list-style-type: none"> • ↓ Hepatic glucose production 								
Sulfonylureas	<ul style="list-style-type: none"> • ↑ Insulin secretion 								
Thiazolidinediones (TZDs)	<ul style="list-style-type: none"> • ↑ Insulin sensitivity 								
DPP-4 Inhibitors (Dipeptidyl Peptidase-4 Inhibitors)	<ul style="list-style-type: none"> • ↑ Insulin secretion (glucose-dependent) • ↓ Glucagon secretion (glucose-dependent) 								
SGLT2 Inhibitors (Sodium-Glucose Cotransporter-2 Inhibitors)	<ul style="list-style-type: none"> • Blocks glucose reabsorption by the kidney, increasing glucosuria 								
GLP-1 Receptor Agonists (Glucagon-Like Peptide-1 Receptor Agonists)	<ul style="list-style-type: none"> • ↑ Insulin secretion (glucose-dependent) • ↓ Glucagon secretion (glucose-dependent) • Slows gastric emptying • ↑ Satiety 								
Insulins	<ul style="list-style-type: none"> • ↑ Glucose disposal • ↓ Hepatic glucose production • Other 								

1. American Diabetes Association. *Diabetes Care*. 2018;41[suppl 1]:S1-S159.

* This tool is intended to provide an overview of T2DM drugs and is not specific to only one product within the class. It is not intended to make any express or implied comparison among products. Classes shown are from the ADA Guidelines Chart and are not all T2DM classes available to treat hyperglycemia.