**REQUIRED MEDICATION ADJUSTMENTS**

**Blood glucose-lowering medication** **adjustments:**

* It is essential that sulfonylureas, meglitinides, and SGLT2 inhibitors are stopped on the first day of TDR as these medicines are not safe with TDR
* People on 1-2 glucose-lowering medications should stop or reduce these medications on the first day of TDR
* People on ≥ 3 medications should stay on metformin only (or, if not taking metformin as it is contraindicated / not tolerated, stay on an oral medication which is safe with TDR, e.g. DPP4 inhibitor or pioglitazone) and stop the remaining glucose-lowering medications on the first day of TDR
* Counsel the patient about the osmotic symptoms of diabetes and advise them of when and how to seek appropriate support

**Blood pressure-lowering medication adjustments:**

* Note that BP-lowering medications include those used for other indications (e.g. tamsulosin for benign prostatic hypertrophy, furosemide for oedema) as well as those used specifically for managing BP
* If blood pressure is considered uncontrolled at time of referral (systolic ≥ 140mmHg or diastolic ≥ 90mmHg), make no changes to BP-lowering medications
* If blood pressure is considered controlled at time of referral (both systolic < 140mmHg and diastolic < 90mmHg), one BP-lowering medications should be adjusted on the first day of TDR
* If reviewing the patient remotely, it is reasonable to use self-reported blood pressure. If not available, the last clinic-recorded blood pressure may be used, provided there is no concern of white coat hypertension or that blood pressure may have changed significantly since last measured
* Medications being used specifically and solely for managing blood pressure, in a particular patient, are the priority for adjustment. Suggested process:
  + Identify the medications used by the patient solely for managing blood pressure (i.e. not also being used for nephropathy, angina, heart failure, BPH, migraines etc)
  + Stop the medication which would have been added last according to current NICE guidance - unless other clinical factors affect decision making
  + If not being used for other indications, this would be (in order of stopping first):
    - Spironolactone or alpha-blocker or beta-blocker
    - Thiazide diuretic (or calcium-channel blocker)
    - Calcium-channel blocker (or thiazide diuretic)
    - ACE-inhibitor or Angiotensin receptor blocker
* If the patient is taking medications which affect blood pressure but all are being used for other indications (none are being used solely to manage blood pressure):
  + use clinical judgement and shared decision making and take into account the BP reading
  + cautiously reduce the dose of this medication rather than stopping it
  + consider arranging early review, in relation to the specific indication for the medication
  + in some circumstances, it may be reasonable not to adjust these medications initially but to carefully monitor and respond accordingly
* Counsel the patient about symptoms of postural hypotension and when and how to seek support