

# INTERNATIONAL JOURNAL OF

PHARMACEUTICAL AND HEALTHCARE INNOVATION

journal homepage: www.ijphi.com

## **Review Article**



3-1/PHI

### Recent Improvements in the Treatment of Type 2 Diabetes Mellitus

#### Abhishek\*

Department of Pharmacology, KDC College of Pharmacy, Ole, Mathura Uttar Pradesh, India

Article Info	Abstract		
Article history:	Type 2 diabetes mellitus (T2DM) continues to be a significant global health		
Manuscript ID:	challenge, necessitating ongoing advancements in its management. Recent		
<b>IJPHI0412212024</b> <b>Received:</b> 04-june-2024	developments have revolutionized T2DM treatment, focusing on novel		
Revised :12-june-2024 Accepted: 21-june-2024	pharmacotherapies, technological innovations, and comprehensive lifestyle		
<b>Available online</b> : June 2024	interventions. New classes of medications, including sodium-glucose cotransporter-		
	2 (SGLT2) inhibitors and glucagon-like peptide-1 (GLP-1) receptor agonists, have		
<b>Keywords:</b> Type 2 diabetes mellitus,	shown substantial benefits in glycemic control, cardiovascular outcomes, and renal		
Pharmacotherapy, SGLT2 inhibitors,			
GLP-1 receptor agonists, Continuous			
glucose monitoring (CGM), Insulin delivery devices, Personalized	treatment regimens. Integrative care models emphasizing personalized medicine		
medicine.	and multidisciplinary approaches are also proving effective in optimizing patient		
*Corresponding Author:	outcomes. This review explores these advancements, highlighting their impact on the		
Email id:	management of T2DM and offering insights into future directions for research and		
ak69232@gmail.com	clinical practice.		

#### @2024 IJPHI All rights reserve



This work is licensed under the Creative Commons Attribution 4.0 International License. To view a copy of this license, visit http://creativecommons.org/licenses/by/4.0/ or send a letter to Creative Commons, PO Box 1866, Mountain View, CA 94042, USA

#### **1** Introduction

Chronic metabolic disease known as type 2 diabetes mellitus (T2DM) is characterized by insulin resistance and relative insulin insufficiency, which may result in hyperglycemia. Being one of the most common chronic illnesses in the world, it has a high morbidity, mortality, and financial cost. The discovery of new treatment drugs, the use of creative management techniques, and a clearer knowledge of the disease pathophysiology have all contributed to significant advancements in the management of type 2 diabetes during the last several decades [1].

#### **Epidemiology and Impact**

T2DM is becoming much more common worldwide due to a number of causes. including ageing populations, rising obesity and sedentary lifestyles. rates, The International Diabetes Federation estimates that 537 million people worldwide had diabetes in 2021, with T2DM making up the great majority of these cases [2, 3]. The high rates of morbidity and death associated with the condition are partly due to its various comorbidities, which include nephropathy, retinopathy, neuropathy, and cardiovascular disease [4, 5].

#### Pathophysiology

T2DM is primarily characterized by insulin resistance in peripheral tissues, particularly muscle and adipose tissue, and by beta-cell dysfunction in the pancreas. The resulting hyperglycemia triggers a series of metabolic and inflammatory responses that exacerbate the disease and its complications [6]. Recent research has highlighted the role of incretins, the gut microbiome, and genetic factors in the pathogenesis of T2DM, offering new avenues for therapeutic intervention [7].

#### **Pharmacological Developments**

2 Diabetes Mellitus Type (T2DM) represents a major global health challenge, characterized by chronic hyperglycemia resulting from a combination of insulin resistance and inadequate insulin secretion. Pharmacological developments in the treatment of T2DM have significantly advanced over the past few decades, focusing on both the improvement of existing therapies and the innovation of new drug classes. Traditional treatment options like metformin, sulfonylureas, and insulin therapy remain foundational, but newer agents such as DPP-4 inhibitors, GLP-1 receptor agonists, and SGLT2 inhibitors have provided additional avenues for glycemic control [8,9]. These newer therapies not only help in lowering blood glucose levels but also offer benefits such weight loss and cardiovascular as protection, addressing some of the broader health concerns associated with T2DM. The ongoing research in pharmacological interventions aims to enhance patient adherence, minimize side effects, and offer personalized treatment regimens based on genetic, metabolic, and phenotypic profiles. This dynamic field continues to evolve, with promising developments such as the potential for beta-cell regeneration and the use of novel drug delivery systems, highlighting a future were managing T2DM could become more efficient and less burdensome for patients [10,11].

	Mechanism of		Common Side	
Class	Action	Examples	Effects	Benefits
	Inhibit sodium-			
	glucose co-	Empagliflozin,	Urinary tract	Weight loss,
SGLT2	transporter 2 in	Canagliflozin,	infections,	reduced blood
Inhibitors	the kidneys	Dapagliflozin	dehydration	pressure
	Mimic incretin	Liraglutide,	Nausea,	Weight loss,
<b>GLP-1</b> Receptor	hormone to	Exenatide,	vomiting,	cardiovascular
Agonists	increase insulin	Dulaglutide	diarrhea	benefits

Table 1. New classes of diabetes medications (e.g., SGLT2 inhibitors, GLP-1 receptor agonists).

	secretion			
	Inhibit			
	dipeptidyl			
	peptidase-4 to	Sitagliptin,		Weight neutral,
DPP-4	increase incretin	Saxagliptin,	Nasopharyngitis,	low risk of
Inhibitors	levels	Linagliptin	headache	hypoglycemia
	Activate both			
	GIP and GLP-1			Weight loss,
Dual GIP/GLP-	receptors to		Gastrointestinal	improved
1 Receptor	improve		issues, reduced	glycemic
Agonists	glucose control	Tripeptide	appetite	control
	Mimic the			Weight loss,
	hormone amylin		Nausea,	reduced
	to slow gastric		hypoglycemia	postprandial
Amylin Analogs	emptying	Pramlintide	(with insulin)	glucose

#### **Combination therapies and their efficacy**

For the purpose of improving glycemic control and lowering the risk of complications, combination treatments have become more and more important in the therapy of type 2 diabetes mellitus (T2DM). Combination therapy uses several pharmacological drugs that target distinct physiological mechanisms involved in glucose control. For instance, combining metformin (which reduces hepatic glucose production and boosts insulin sensitivity) other medication classes with like glucagon-like peptide-1 (GLP-1) receptor agonists or sodium-glucose co-transporter-2 (SGLT2) inhibitors has significantly improved glycaemic control. GLP-1 receptor agonists raise insulin levels and decrease hunger, and SGLT2 inhibitors help the kidneys get rid of glucose more efficiently. These two drugs work together to make the therapy more effective overall [12]. Clinical investigations have shown that these combinations not only give additional advantages, including weight reduction, lowered blood pressure, and decreased cardiovascular risk, but they also cut HbA1c levels more efficiently than monotherapy. Given the multidimensional nature of T2DM, the strategic use of combination medications represents а significant improvement in the management of the condition, increasing patient outcomes via more individualized

and thorough treatment methods [13, 14]. **Technological Innovations** 

Technological advancements have completely changed the treatment of type 2 diabetes mellitus (T2DM), despite more accurate monitoring and individualised treatment choices available to patients. As a vital component of diabetes management, continuous glucose monitoring (CGM) devices provide patients and medical professionals access to real-time glucose data and trends. These devices enable more proactive control by offering insights into the impact of medicine, activity, nutrition, and other variables on blood sugar levels [15]. Smart insulin pens and pumps have revolutionized insulin delivery by intake providing automated insulin monitoring and more accurate dosage. By syncing these devices with smartphone applications, we can obtain real-time data on insulin consumption, facilitating patient management of insulin treatment and healthcare practitioners' ability to monitor adherence [16]. Platforms for managing diabetes are rapidly using artificial intelligence (AI) and machine learning algorithms to evaluate vast amounts of patient data and provide tailored treatment suggestions. These algorithms are capable of recognizing trends in blood sugar levels, forecasting future variations in blood sugar, and tailoring treatment regimens to each patient's specific needs [17]. Individuals

with diabetes now have even greater access to treatment, including online support groups and instructional materials, as well as remote consultations with medical professionals, thanks to telemedicine. With the use of remote monitoring technology, medical professionals may monitor patients' blood sugar levels and modify their treatment regimens without having to see patients in person, which saves money and improves convenience. Technological advancements are revolutionizing the management of type 2 diabetes, empowering patients to take charge of their illness and enabling medical professionals to provide more personalised and effective treatment. We must resolve issues such as expense, accessibility, and data security to ensure that these advancements benefit all sufferers in need [18, 19].

#### Lifestyle and Behavioral Interventions

Advances in the management of Type 2 Diabetes Mellitus (T2DM) have increasingly emphasized lifestyle and interventions behavioral integral as components of treatment. These interventions recognize the significant impact that lifestyle factors, such as diet, physical activity, and stress management, have on glycemic control and overall health in individuals with T2DM. One notable advancement is the shift towards personalized approaches that consider individual preferences, cultural backgrounds, and socioeconomic factors. This acknowledges that there is no onesize-fits-all solution and underscores the importance of tailoring interventions to meet the unique needs of each patient. Furthermore, the emergence of digital health technologies, such as mobile applications and wearable devices, has revolutionized the delivery of lifestyle interventions [20]. These tools offer realtime feedback, monitoring, and support, empowering individuals to make sustainable behavior changes and adhere to their treatment plans more effectively. Additionally, the integration of behavioral strategies, such motivational as

#### International Journal ofPharmaceutical and Healthcare innovationVol 1, Issue 03, May 2024

interviewing and cognitive-behavioral therapy, into diabetes care has shown promising results in promoting adherence to recommended lifestyle modifications. help These approaches individuals overcome barriers, set achievable goals, and develop coping skills to navigate challenges associated with managing T2DM. Overall, the emphasis on lifestyle and behavioral interventions reflects a holistic approach to diabetes management, aiming not only to control blood glucose levels but also to improve overall wellbeing and quality of life for individuals living with T2DM [21,22].

#### Complications of Diabetes Mellitus: Prevention and Management

Maintaining quality of life and lowering the risk of major health problems require aggressively preventing and treating the consequences of diabetes mellitus. The main strategy to avoid issues is to carefully control blood sugar levels using medicine, exercise, and routine food. testing. Maintaining consistent glucose control may help lower the chance of developing problems including cardiovascular disease, retinopathy, neuropathy, and nephropathy. Furthermore, changes in lifestyle are essential for prevention [23]. This entails keeping a healthy weight, abstaining from tobacco and alcohol, and implementing a well-balanced diet high in fruits. vegetables, whole grains, and lean meats. Frequent exercise is also crucial since it enhances cardiovascular health in general and insulin sensitivity in particular [24]. Those who are already dealing with issues must use efficient management techniques. Medical professionals with expertise in endocrinology, ophthalmology, nephrology, cardiology, and neurology often employ a multidisciplinary strategy in this context. Medication to regulate blood pressure, cholesterol, and blood sugar levels may be part of the treatment plan, along with therapies like dialysis for severe renal disease or laser therapy for retinopathy. Timely intervention requires regular screening and early recognition of problems. Patients should undergo regular eye checks, renal function tests, foot exams, and cardiovascular evaluations to monitor any signs of developing complications. Additionally, patient education is essential because it enables people to identify symptoms, follow treatment regimens, and reduce risks by making educated lifestyle [25, 26]. In conclusion, decisions preventing and treating diabetes mellitus necessitates problems а multifaceted strategy that includes medication, dietary adjustments, ongoing observation, and prompt action. People with diabetes may lower their risk of problems and enhance their overall health outcomes by making glucose management a priority, forming healthy behaviours, and obtaining the necessary medical treatment [27].

#### Conclusion

In conclusion, the treatment of Type 2 Diabetes Mellitus has significantly

#### International Journal ofPharmaceutical and Healthcare innovationVol 1, Issue 03, May 2024

evolved, embracing a multifaceted approach that integrates lifestyle modifications. pharmacotherapy, and technological innovations. Advances in medications, such as GLP-1 receptor agonists and SGLT2 inhibitors, have not only improved glycemic control but also offered additional cardiovascular and renal benefits. The advent of continuous glucose monitoring and digital health tools has empowered patients with real-time data and personalized insights, fostering better selfmanagement and adherence. Furthermore, the emphasis on patient-centered care, incorporating behavioral and psychological support, underscores the holistic nature of modern diabetes management. As research continues to unfold, these advancements collectively promise to enhance quality of life and clinical outcomes for individuals living with Type 2 Diabetes Mellitus.

#### Author conflict: NIL Funding Source: NIL References

- Banday MZ, Sameer AS, Nissar S. Pathophysiology of diabetes: An overview. Avicenna J Med. 2020 Oct 13;10(4):174-188. doi: 10.4103/ajm.ajm\_53\_20. PMID: 33437689; PMCID: PMC7791288.
- Khan MAB, Hashim MJ, King JK, Govender RD, Mustafa H, Al Kaabi J. Epidemiology of Type 2 Diabetes -Global Burden of Disease and Forecasted Trends. J Epidemiol Glob Health. 2020 Mar;10(1):107-111. doi: 10.2991/jegh.k.191028.001. PMID: 32175717; PMCID: PMC7310804.
- Pradeepa R, Mohan V. Epidemiology of type 2 diabetes in India. Indian J Ophthalmol. 2021 Nov;69(11):2932-2938. doi: 10.4103/ijo.IJO\_1627\_21. PMID: 34708726; PMCID: PMC8725109.
- 4. Zakir M, Ahuja N, Surksha MA, Sachdev R, Kalariya Y, Nasir M, Kashif M, Shahzeen F, Tayyab A, Khan MSM, Junejo M, Manoj Kumar F, Varrassi G, Kumar S, Khatri M, Mohamad T. Cardiovascular Complications of Diabetes: From Microvascular to Macrovascular Pathways. Cureus. 2023 Sep 24;15(9):e45835. doi: 10.7759/cureus.45835. PMID: 37881393; PMCID: PMC10594042.
- 5. Cade WT. Diabetes-related microvascular and macrovascular diseases in the physical therapy setting. Phys Ther. 2008 Nov;88(11):1322-35. doi: 10.2522/ptj.20080008. Epub 2008 Sep 18. PMID: 18801863; PMCID: PMC2579903.
- 6. Galicia-Garcia U, Benito-Vicente A, Jebari S, Larrea-Sebal A, Siddiqi H,

Uribe KB, Ostolaza H, Martín C. Pathophysiology of Type 2 Diabetes Mellitus. Int J Mol Sci. 2020 Aug 30;21(17):6275. doi: 10.3390/ijms21176275. PMID: 32872570; PMCID: PMC7503727.

- Cerf ME. Beta cell dysfunction and insulin resistance. Front Endocrinol (Lausanne). 2013 Mar 27;4:37. doi: 10.3389/fendo.2013.00037. PMID: 23542897; PMCID: PMC3608918.
- Ortiz-Martínez, M., González-González, M., Martagón, A.J. et al. Recent Developments in Biomarkers for Diagnosis and Screening of Type 2 Diabetes Mellitus. Curr Diab Rep 22, 95– 115 (2022). https://doi.org/10.1007/s11892-022-01453-4
- 9. Banday MZ, Sameer AS, Nissar S. Pathophysiology of diabetes: An overview. Avicenna J Med. 2020 Oct 13;10(4):174-188. doi: 10.4103/ajm.ajm\_53\_20. PMID: 33437689; PMCID: PMC7791288.
- 10. Jyotsna F, Ahmed A, Kumar K, Kaur P, Chaudhary MH, Kumar S, Khan E, Khanam B, Shah SU, Varrassi G, Khatri M, Kumar S, Kakadiya KA. Exploring the Complex Connection Between Diabetes and Cardiovascular Disease: Analyzing Approaches to Mitigate Cardiovascular Risk in Patients With Diabetes. Cureus. 2023 Aug 21;15(8):e43882. doi: 10.7759/cureus.43882. PMID: 37746454; PMCID: PMC10511351.
- 11. Sugandh F, Chandio M, Raveena F, Kumar L, Karishma F, Khuwaja S, Memon UA, Bai K, Kashif M, Varrassi G, Khatri M, Kumar S. Advances in the Management of Diabetes Mellitus: A Focus on Personalized Medicine. Cureus.

2023Aug18;15(8):e43697.doi:10.7759/cureus.43697.PMID:37724233;PMCID: PMC10505357.

- Marín-Peñalver JJ, Martín-Timón I, Sevillano-Collantes C, Del Cañizo-Gómez FJ. Update on the treatment of type 2 diabetes mellitus. World J Diabetes. 2016 Sep 15;7(17):354-95. doi: 10.4239/wjd.v7.i17.354. PMID: 27660695; PMCID: PMC5027002.
- 13. Xie X, Wu C, Hao Y, Wang T, Yang Y, Cai P, Zhang Y, Huang J, Deng K, Yan D, Lin H. Benefits and risks of drug combination therapy for diabetes mellitus and its complications: a comprehensive review. Front Endocrinol (Lausanne). 2023 Dec 19;14:1301093. doi: 10.3389/fendo.2023.1301093. PMID: 38179301; PMCID: PMC10766371.
- 14. Taylor SI, Yazdi ZS, Beitelshees AL. Pharmacological treatment of hyperglycemia in type 2 diabetes. J Clin Invest. 2021 Jan 19;131(2):e142243. doi: 10.1172/JCI142243. PMID: 33463546; PMCID: PMC7810496.
- 15. Kesavadev J, Krishnan G, Mohan V. Digital health and diabetes: experience from India. Ther Adv Endocrinol Metab.
  2021 Nov 17;12:20420188211054676. doi: 10.1177/20420188211054676.
  PMID: 34820114; PMCID: PMC8606976.
- 16. Lingen K, Pikounis T, Bellini N, Isaacs D. Advantages and disadvantages of connected insulin pens in diabetes management. Endocr Connect. 2023 Sep 27;12(11):e230108. doi: 10.1530/EC-23-0108. PMID: 37610002; PMCID: PMC10563601.
- 17. Guan Z, Li H, Liu R, Cai C, Liu Y, Li J, Wang X, Huang S, Wu L, Liu D, Yu S, Wang Z, Shu J, Hou X, Yang X, Jia W, Sheng B. Artificial intelligence in

diabetes management: Advancements, opportunities, and challenges. Cell Rep Med. 2023 Oct 17;4(10):101213. doi: 10.1016/j.xcrm.2023.101213. Epub 2023 Oct 2. PMID: 37788667; PMCID: PMC10591058.

- Haleem A, Javaid M, Singh RP, Suman R. Telemedicine for healthcare: Capabilities, features, barriers, and applications. Sens Int. 2021;2:100117. doi: 10.1016/j.sintl.2021.100117. Epub 2021 Jul 24. PMID: 34806053; PMCID: PMC8590973.
- 19. Aberer F, Hochfellner DA, Mader JK. Application of Telemedicine in Diabetes Care: The Time is Now. Diabetes Ther. 2021 Mar;12(3):629-639. doi: 10.1007/s13300-020-00996-7. Epub 2021 Jan 20. PMID: 33474646; PMCID: PMC7816834.
- 20. Galaviz KI, Narayan KMV, Lobelo F, Weber MB. Lifestyle and the Prevention of Type 2 Diabetes: A Status Report. Am J Lifestyle Med. 2015 Nov 24;12(1):4-20. doi: 10.1177/1559827615619159. PMID: 30202378; PMCID: PMC6125024.
- 21. Yoon S, Tang H, Tan CM, Phang JK, Kwan YH, Low LL. Acceptability of Mobile App-Based **Motivational** Interviewing and Preferences for App Features to Support Self-Management in Patients With Type 2 Diabetes: Qualitative Study. JMIR Diabetes. 2024 Mar 6;9:e48310. doi: 10.2196/48310. PMID: 38446526; PMCID: PMC10955395.
- 22. Barrett S, Begg S, O'Halloran P, Kingsley M. Integrated motivational interviewing and cognitive behaviour therapy for lifestyle mediators of overweight and obesity in community-dwelling adults: a systematic review and meta-analyses. BMC Public Health. 2018 Oct

5;18(1):1160. doi: 10.1186/s12889-018-6062-9. PMID: 30290793; PMCID: PMC6173936.

- 23. Ahmad F, Joshi SH. Self-Care Practices and Their Role in the Control of Diabetes: A Narrative Review. Cureus. 2023 Jul 5;15(7):e41409. doi: 10.7759/cureus.41409. PMID: 37546053; PMCID: PMC10402910.
- 24. Kelepouris E, St Peter W, Neumiller JJ, Wright EE. Optimizing Multidisciplinary Care of Patients with Chronic Kidney Disease and Type 2 Diabetes Mellitus. Diabetes Ther. 2023 Jul;14(7):1111-1136. doi: 10.1007/s13300-023-01416-2. Epub 2023 May 20. PMID: 37209236; PMCID: PMC10241769.
- 25. Zakir M, Ahuja N, Surksha MA, Sachdev R, Kalariya Y, Nasir M, Kashif M, Shahzeen F, Tayyab A, Khan MSM, Junejo M, Manoj Kumar F, Varrassi G, Kumar S, Khatri M, Mohamad T. Cardiovascular Complications of Microvascular Diabetes: From to Macrovascular Pathways. Cureus. 2023 24;15(9):e45835. Sep doi: 10.7759/cureus.45835. PMID: 37881393; PMCID: PMC10594042.
- 26. McDuffie RH, Struck L, Burshell A. Empowerment for diabetes management: integrating true self-management into the medical treatment and management of diabetes mellitus. Ochsner J. 2001 Jul;3(3):149-57. PMID: 22754392; PMCID: PMC3385781.
- 27. Chawla SPS, Kaur S, Bharti A, Garg R, Kaur M, Soin D, Ghosh A, Pal R. Impact of health education on knowledge, attitude, practices and glycemic control in type 2 diabetes mellitus. J Family Med Prim Care. 2019 Jan;8(1):261-268. doi: 10.4103/jfmpc.jfmpc\_228\_18. PMID: 30911517; PMCID: PMC6