

Gliclazide

Indication

For the management of Type 2 Diabetes Mellitus. May also be used in the management of hyperglycaemia, e.g. with steroid-induced hyperglycaemia or as rescue therapy at any phase of treatment, if a person is symptomatically hyperglycaemic. Review treatment when blood glucose control has been achieved.

The MR formulation is a second line choice on the [SWL Joint Formulary](#) only after trying Gliclazide immediate release, or when improved compliance through once daily dosing is a pressing concern.

Mechanism of action

Gliclazide acts mainly by reducing blood glucose levels by stimulating insulin secretion.

Dosing and titration of Gliclazide

Initially 40–80 mg daily, adjusted according to response, increased if necessary up to 160 mg once daily, dose to be taken with breakfast, doses higher than 160 mg to be given in divided doses; maximum 320 mg per day.

When higher doses are required, gliclazide should be taken twice daily and according to the main meals of the day.

Dosing and titration of Gliclazide MR

Initially 30 mg daily, dose to be taken with breakfast, adjust dose according to response every 4 weeks (after 2 weeks if no decrease in blood glucose); maximum 120 mg per day. Refer to the [BNF](#) for dose and equivalence to immediate-release tablet.

Prescribing Considerations

Do not initiate longer acting sulfonylureas e.g. Gliclazide MR in frail patients and/or over the age of 70, refer to [SWL Prescribing Guidelines for Type 2 Diabetes & Frailty](#) and the [BNF](#). If elderly patients are well controlled and there is certainty that they are not suffering from hypos, then the long-acting sulfonylureas may be continued.

Contraindications, Cautions, Interactions

Refer to [BNF](#) and/or the [Summary of Product Characteristics](#) (SPC).

Monitoring

Aim for a target HbA1c above 53mmol/mol (7%). Be aware of the risk of hypoglycaemia, especially when concomitant glucose-lowering drugs are prescribed and at the beginning of treatment, refer to the [BNF](#) and [SPC](#) for further details.

Refer to [driving guidance](#) and need for self-monitoring of capillary blood glucose.

In patients with mild to moderate renal insufficiency the same dosing regimen can be used as in patients with normal renal function with careful patient monitoring.

Counselling

The medicine is taken once or twice daily with or shortly before a meal.

Be aware of the risk of hypoglycaemia and to seek help if needed.

The medicines may encourage weight gain (2-5kg), follow weight and diet advice provided.

Sick Day Rules

Refer to sick day rules if patient is ill, the dose may need to be increased if blood glucose readings are higher than normal, seek further advice if needed. Further information can be found in the [sick day rules](#) document.

References

- [A summary of oral diabetes medications 15th Edition June 2022 by Anne Goodchild. www.pitstopdiabetes.co.uk](#) (Last accessed 21/10/2022)
- [Gliclazide | Drugs | BNF | NICE](#) (Last accessed 21/10/2022)
- [Home - electronic medicines compendium \(emc\)](#) (Last accessed 21/10/2022)
- [Overview | Type 2 diabetes in adults: management | Guidance | NICE](#) (Last accessed 21/10/2022)
- [Trend releases updated sick-day rules leaflets – Trend Diabetes](#) (Last accessed 21/10/2022)
- [Type 2 Diabetes and frailty – SW London Integrated Medicines Optimisation Committee \(swlondonccg.nhs.uk\)](#) (Last accessed 21/10/2022)

Document History

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