

**SOUTH AFRICAN PRIMARY HEALTHCARE ESSENTIAL MEDICINES LIST
CHAPTER 9: ENDOCRINE CONDITIONS
NEMLC RECOMMENDATIONS FOR MEDICINE AMENDMENTS (2020)**

Medicine amendment recommendations, with supporting evidence and rationale are listed below.

Kindly review the medicine amendments in the context of the complete chapter for endocrine conditions

Note: This primary healthcare chapter has been updated to align to previous NEMLC recommendations as well as the recent NEMLC-approved Adult Hospital Level STGs and EML, 2019 edition.

MEDICINE/ MANGEMENT AMENDMENTS

SECTION	MEDICINE/ MANAGEMENT	ADDED/DELETED/AMENDED
9.1 Type 1 Diabetes mellitus		
-Diagnosis	Oral glucose tolerance test	Added
9.1.2 Type 1 Diabetes mellitus, in adults		
- Monitoring	Home glucose monitoring	Amended
9.2.1 Type 2 Diabetes mellitus, in adolescents		
- Diagnosis	Oral glucose tolerance test	Added
9.2.2 Type 2 Diabetes mellitus, in adults		
- Diagnosis	Oral glucose tolerance test	Added
-Treatment	Glimepiride, oral	Maximum dose added
	Metformin, oral	Dose amended in renal impairment
9.5.2 Dyslipidaemia		
-Treatment	HMGCoA reductase inhibitors	Indication extended to include microalbuminuria

9.1 DIABETES MELLITUS and 9.2.1 TYPE 2 DIABETES MELLITUS, IN ADOLESCENTS and 9.2.2 TYPE 2 DIABETES MELLITUS, IN ADULTS

Diagnosis

Oral glucose tolerance test: added

The 2-hour plasma glucose in a 75g oral glucose tolerance test ≥ 11.1 mmol/l was added as an option to diagnose diabetes mellitus, aligned with guidelines.

Level of Evidence: III Guidelines¹

9.1.2 TYPE 1 DIABETES MELLITUS, IN ADULTS

Home glucose monitoring: amended

Frequency of monitoring for patients on basal/bolus insulin was amended from “at least once daily” to “3-4 times a day” for correctness.

Level of Evidence: III Expert opinion

¹ The Society for Endocrinology, Metabolism and Diabetes of South Africa Type 2 Diabetes Guidelines Expert Committee. The 2017 SEMDSA Guideline for the Management of Type 2 Diabetes Guideline Committee. JEMDSA 2017; 21(1)(Supplement 1): S1-S196.
<http://www.jemdsa.co.za/index.php/JEMDSA/article/view/647/937>

9.2.2 TYPE 2 DIABETES MELLITUS, IN ADULTS

Glimepiride, oral: *maximum dose added*

Maximum dose of 8 mg per day was added to the text of the STG, aligned with the SAMF 2016; though the approximate equivalent dose of glimepiride to gliclazide is 2:160 mg.

Level of Evidence: III Guidelines²

Metformin, oral: *dose amended in renal impairment*

Aligned with Guidelines.

Level of Evidence: III Guidelines³

9.5.2 DYSLIPIDAEMIA IN DIABETES

HMGCoA reductase inhibitors: *indication extended to include microalbuminuria*

Aligned with Adult Hospital STGs and EML, 2019 to include microalbuminuria as an indication for HMGCoA reductase inhibitors in diabetic patients regardless of baseline lipid levels.

Rationale: Available evidence suggests that statins are beneficial in reducing major cardiovascular events, coronary events, cardiovascular or all-cause death in patients with CKD. However, statins were shown to reduce albuminuria and not overt proteinuria or eGFR, in diabetic kidney disease patients.⁴

Level of Evidence: I Systematic reviews

² SAMF, 2016

³ The Society for Endocrinology, Metabolism and Diabetes of South Africa Type 2 Diabetes Guidelines Expert Committee. The 2017 SEMDSA Guideline for the Management of Type 2 Diabetes Guideline Committee. JEMDSA 2017; 21(1)(Supplement 1): S1-S196.

<http://www.jemdsa.co.za/index.php/JEMDSA/article/view/647/937>

⁴ HMGCoA reductase inhibitor (indications - CKD, albuminuria): Hou W, Lv J, Perkovic V, Yang L, Zhao N, Jardine MJ, Cass A, Zhang H, Wang H. Effect of statin therapy on cardiovascular and renal outcomes in patients with chronic kidney disease: a systematic review and meta-analysis. Eur Heart J. 2013 Jun;34(24):1807-17. <https://www.ncbi.nlm.nih.gov/pubmed/23470492>

HMGCoA reductase inhibitor (indications - CKD, albuminuria): Qin X, Dong H, Fang K, Lu F. The effect of statins on renal outcomes in patients with diabetic kidney disease: A systematic review and meta-analysis. Diabetes Metab Res Rev. 2017 Sep;33(6). <https://www.ncbi.nlm.nih.gov/pubmed/28477396>