Incretin Hormones and their effects in Type 2 Diabetes

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Incretin Hormones and their effects in Type 2 Diabetes

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Introduction
Type 2 diabetes mellitus (T2DM) is a progressive disease characterized by having pancreatic β-cell dysfunction, insulin resistance and hyperglycemia (Stephens, 2010, p. 491). T2DM affected 291 million Americans or 9.3% of the US population in 2010 (American Diabetes Association (ADA), 2014). With many of those patients finding it difficult to achieve or maintain adequate glycemic control, multiple changes and pharmacologic interventions are needed to control T2DM. Disease management of T2DM requires an interprofessional plan including medication therapy, education and active involvement of the patient, with the goal of therapy to lessen the A1C (Robertson, 2012). Incretin mimetics are a class of medications available for treating patients with T2DM; they mimic the action of incretins that have been released during nutrient absorption (Freeman, 2013). Two classes of incretin-based therapies are DPP-1 inhibitors and GLP-1 receptor agonists. These incretins are especially useful in the management of T2DM in patients who are not able to achieve or maintain adequate glycemic control with many of these patients finding it difficult to achieve or maintain adequate glycemic control. There are numerous types of T2DM medications that can be prescribed since GLP-1 and DPP-1 receptors are associated with weight loss, treatment related side effects such as weight gain and hypoglycemia are usually a concern to the patient, which could deter the patient from following the treatment regimen prescribed. The nurse practitioner plays an active role in educating and prescribing treatments that minimize side effects can help patients feel more optimistic and motivate them to continue taking their medications (Burgmaier & Prasad, 2012). Prior to starting an incretin-based drug therapy the nurse practitioner should work with the patient to ensure that the patient is motivated and engaged in their diabetes care.