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NEWS

Diabetes Medicines: More Than a Blood Sugar Fix

By Gigi Reed, MD November 12, 2026

When I looked into my previous articles I was shocked to realize that I had never explicitly talked about diabetic medications. It’s an important subject as diabetes treatment has changed dramatically over the past century. What began with lifesaving insulin now includes pills and injections that can lower blood sugar, help manage weight and, in some cases, protect the heart and kidneys. Understanding these differences helps explain why two people with diabetes may receive very different prescriptions.

Why do we care so much about diabetes? Consistently high blood sugar acts like a slow toxin, damaging blood vessels and nerves over time. Left unmanaged, it can lead to severe, life-altering and life-threatening complications, including blindness, kidney failure, heart attacks, strokes and foot wounds that may require amputation. Treatment is about protecting a person’s future, not simply improving a laboratory result.

For many people with type 2 diabetes, metformin remains a familiar starting point. Available in the United States since 1995, it reduces the liver’s glucose production and helps the body respond better to insulin - amongst other functions. It is inexpensive and rarely causes low blood sugar by itself. Diarrhea and nausea are common drawbacks; long-term use can also lower vitamin B12.

Older medicines called sulfonylureas, including glipizide and glimepiride, encourage the pancreas to release insulin. They are effective and affordable, but can cause weight gain and dangerously low blood sugar, especially when meals are skipped.

Insulin remains essential for everyone with type 1 diabetes and for some people with type 2. The difference between type 1 and 2 is that type 1 does not make any insulin and type 2 does not respond effectively to the present insulin. Modern formulations provide either background coverage or help with meals. Its chief risks are low blood sugar and weight gain. Needing insulin is not a personal failure; it may reflect the progression of diabetes.

Newer medicines offer benefits beyond glucose control. SGLT2 inhibitors, including Jardiance and Farxiga, entered the U.S. market in the 2010s. They prevent the kidneys from re-absorbing the glucose into the blood stream. The glucose leaves our body and draws water - as none of us is able to pee out dry sugar. This is why certain products also treat some kind of heart failure (heart overloaded with fluid), even in people without diabetes. This is so because more fluid leaves the body, lessening the work load for the heart. Tradeoffs include genital yeast infections (because of the yummy sugar in the urine), dehydration and rare ketoacidosis.

GLP-1 medicines, including Ozempic and Trulicity, increase insulin release when glucose is elevated, reduce appetite and slow stomach emptying. The class first reached the U.S. market in 2005. Some products also reduce cardiovascular risk. Nausea, vomiting and constipation are common; pancreatitis and gallbladder problems are important warnings.

Tirzepatide, sold as Mounjaro for diabetes, acts on two gut-hormone pathways and can produce substantial glucose lowering and weight loss. Under the Zepbound brand, it also treats obesity and certain patients with obstructive sleep apnea (mainly because of weight loss).

Other options include weight-neutral DPP-4 inhibitors, such as Januvia, and pioglitazone, which improves insulin sensitivity but may cause swelling and worsen heart failure.

The best medicine depends on more than blood sugar. Kidney function, heart disease, weight goals, cost and the risk of hypoglycemia all influence the choice. The newest drug is not automatically the best, and the least expensive is not automatically inadequate.

The goal is a treatment plan that protects health, fits daily life and remains affordable enough to follow. Regular follow-up helps adjust that plan before complications take hold

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