EDITORIAL

Sulfonylurea Stewardship

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Stewardship

The theme of stewardship is familiar to practitioners and students of health care. Antibiotic stewardship, steroid stewardship and insulin stewardship are some examples of the use of this framework in clinical medicine[1-3]. This concept has also been extrapolated to create a rubric known as glycemic guardianship[4].

Sulfonylureas in Service

As part of this ongoing campaign to improve diabetes care, we propose the term sulfonylurea stewardship. Sulfonylurea stewardship may be defined as a systematic approach to prescribe and monitor sulfonylurea therapy, in persons with type 2 diabetes, in a rational and responsible manner, balancing efficacy with safety and tolerability, so as to achieve optimal short-term as well as long-term outcomes. Their long record of service, prominent listing in World Health Organization's Lists of Essential Medicines[5], as well as treatment guidelines, and widespread usage across the globe, bear testimony to their usefulness.

Multifaceted Concept

Sulfonylurea stewardship may be practiced at a macro-, meso- and micro- level (Table 1). The various components of sulfonylurea stewardship, listed in Table 1, correlate with the teachings of 'good clinical sense', therapeutic parsimony', and 'first do no harm'[6,7]. Good clinical sense is defined as" the presence of sensory faculties, their usage and interpretation, by which one is able to practice good clinical medicine". Pragmatic clinical sense, based on evidence, and embellished by astute observation and experience, must be a part and parcel of all decision making. Therapeutic parsimony alludes to the adage to use minimal therapeutic interventions, in place of multiple ones, as long as equivalent therapeutic outcomes are achieved[7].

Table 1. Sulfonylurea Stewardship

Macro-Level

- Inclusion of modern sulfonylureas in lists of essential medicines
- Availability, accessibility and affordability of modern sulfonylureas, as monotherapy and in fixed dose combinations

Meso-Level

- Coverage of sulfonylurea usage in academic curricula and continuing medical education programmes.
- Continued research on modern sulfonylureas

Micro-Level

- Rational use of modern sulfonylureas in clinical practice
- Pre prescription evaluation
- Glucometric guardianship
- Adverse drug reaction monitoring
- Intensification or interchange of regimens as needed
- Dose titration as required

This promotes usage of fixed dose combinations, with lower frequency of administration, so as to reduce complexity of regimens. The teaching, 'First do not harm', reminds us to prioritize patient safety. These maxims fit under the umbrella of glycemic guardianship, i.e., activities carried out by all stakeholders to ensure optimal care of diabetes.

Responsibility

All these maxims can be addressed through sulfonylurea stewardship. The responsibility for this stewardship should be shouldered by all health care professionals and planners. Endocrinologists and diabetologists, however, must take the lead in advocating and propagating the importance of sulfonylurea stewardship, as a part of glycemic guardianship. Concerted, and continued focus on academic and clinical excellence, research, and advocacy is required to reap the benefits of modern sulfonylureas.

Safe And Smart Usage

There are voices which feel that sulfonylureas should be discontinued[8]. These should be engaged, through dialogue and discussion, to describe the heterogeneity of this drug class, and the benefits of modern sulfonylureas such a as glimepiride and gliclazide XR[9]. Contemporary evidence, as published in this issue of *Asian Journal of Diabetology*, should be shared with clinicians and other concerned stakeholders. This will improve confidence in the "safe and smart" sulfonylureas, enhance rational usage, and lead to better outcomes in diabetes care.

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