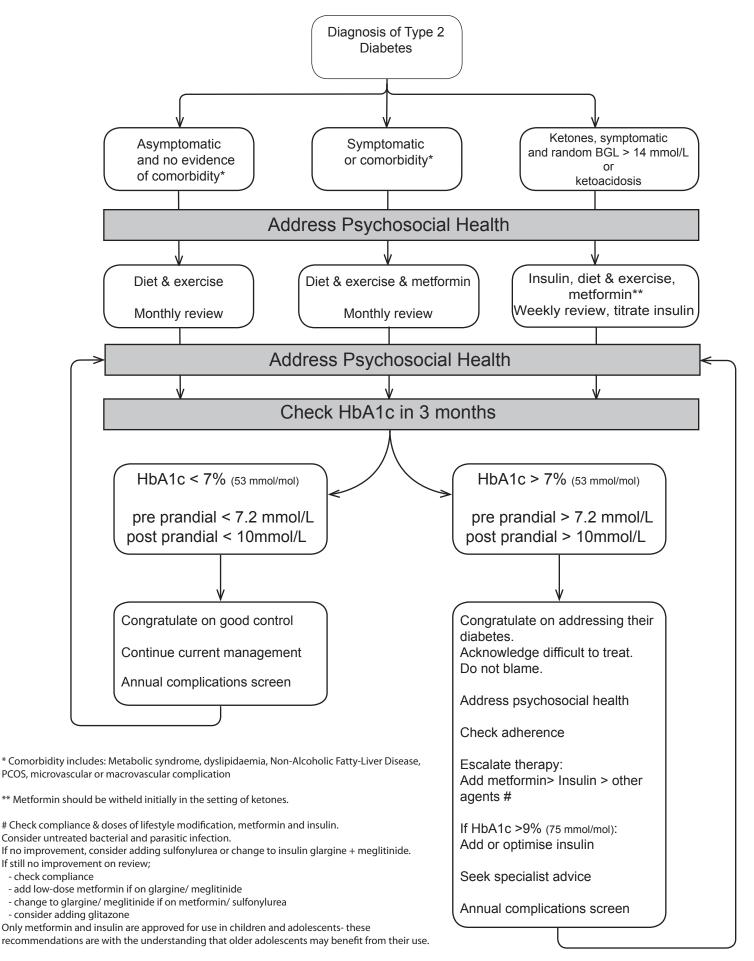
Figure 2: Treatment algorithm for T2DM in Indigenous children and adolescents. Adapted from IDF/ISPAD guideline 2011.



Metformin dosing and use of long acting preparations should follow local protocols, with the treatment of children < 14 years in consultation with a paediatrician. An approach includes commencing 250mg daily for 3-4 days, increasing to 250mg twice daily if tolerated, then titrating over 3-4 weeks to a maximum of 1000mg twice daily. It takes 4 - 6 weeks for metformin to reach its full effect. Side effects include transient abdominal pain, nausea and diarrhoea, all improved by slow titration of the dose or use of long release formulation. Metformin should not be used in renal impairment, hepatic disease, cardiac or respiratory insufficiency, alcohol abuse, or those receiving radiographic contrast. Metform should be discontinued in gastrointestinal illness.

Insulin therapy should follow local guidelines, and requires comprehensive education about: Normal BGL range, recording BGLs in a diary, Insulin injection technique and rotation of sites, signs and symptoms of hypoglycaemia and how to treat, storage of insulin, effect of alcohol and other drugs and how to be safe if using them.