

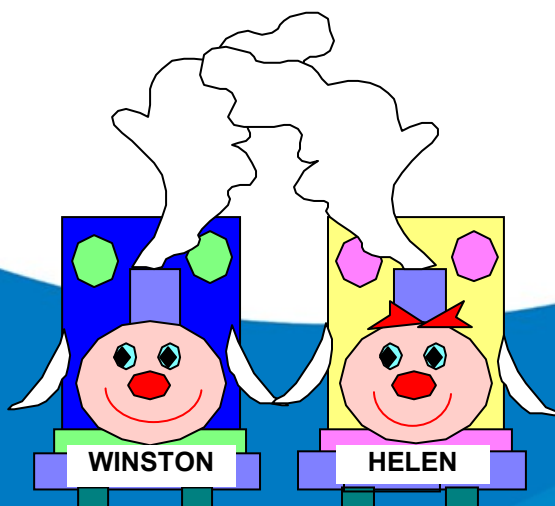
Paediatric Department

Metformin treatment for children and young people with Type 2 Diabetes

This leaflet can be made available
in alternative languages / formats on request.

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Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.



You have been started on a medicine called **Metformin**. It is usually the first medicine that is used to treat Type 2 Diabetes.

It works by reducing the amount of glucose that your liver releases into your blood. It also makes your body's cells more responsive to insulin.

In other words, this means it reduces insulin resistance, making insulin more efficient.

Insulin resistance is one of the main problems seen in overweight or obese patients. This can be seen in patients who have either Type 2 or Type 1 diabetes.

Metformin **does not** drop blood sugar too low (called hypoglycaemia) The long-term use of Metformin is associated with a better diabetes control with a reduction of 1-2% in HbA1C – a test of diabetes control.

How much should I take?

Your doctor will advise you about dosage. However, it is usually started as 500 mg (of tablet/liquid/powder) given once a day **with meals** either at tea or breakfast.

The dose is then increased gradually (500 mg once a week) over 3 to 4 weeks until a maximum dose of 1000 mg twice a day is achieved.

What preparations are available?

Metformin is available as a tablet, liquid or powder.

The tablets are easy to swallow; however, some children or young people can struggle to swallow them and may require a liquid or powder formulation.

Tablets are available as a standard release or slow release.

Slow release preparation can benefit those who are having gut symptoms.

Is it safe for me to take Metformin?

- Metformin should **not** be used at certain stages of liver and kidney disease.
- Metformin should be **discontinued** in the 2 days before and after surgery.
- Metformin should **not** be used in those who drink excess alcohol.
- Metformin should be **stopped** before some special X-rays in which radiographic contrast material is given (ask the Radiographer)
- Metformin should be **temporarily discontinued** if you have a gastro-intestinal complaint such as diarrhoea or vomiting or are admitted with Diabetic Ketoacidosis (DKA).

Are there any side-effects?

The most important side effects of Metformin that may occur are:

- **Nausea (feeling sick), intermittent abdominal pain, diarrhoea or vomiting.** These can be prevented in most cases with slow dose titration and by always taking Metformin with meals. These side-effects can also be reduced by the use of slow release Metformin.
- Rarely, a **metallic taste in the mouth**. If you start Metformin and suffer mild side-effects you should **keep taking** the tablets, symptoms often wear off after a couple of days. If symptoms persist then you will need to speak to the Diabetes Team.
- **Liver function abnormalities** are a rare side-effect, this will be monitored by appropriate blood tests.
- Very rarely you can have **kidney disturbance** which alters the salt and acid levels in your blood, called lactic acidosis.

**If you have any further questions, please contact the
Children and Young People's Diabetes Team**

Telephone: 0151 430 1404 /1411

Helpline (10.00 am – 6.00 pm): 07789174893

E-mail: WhistonHospital.CYPDTeam@sthk.nhs.uk

**If you need to contact the Department outside of
these hours, please phone either:**

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