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Personalized type 2 diabetes treatment in primary care

Insights using real world data

Martina Ambrož

1. Although personalized treatment targets for older and frail patients with type 2 diabetes have been recommended in treatment guidelines for more than a decade, the initiation of glucose- and blood pressure-lowering treatment in general practice is still not guided by age or frailty. (this thesis)
2. Potential undertreatment of younger patients and overtreatment of older patients with type 2 diabetes suggests lack of treatment personalization. (this thesis)
3. Observed sex differences in the quality of type 2 diabetes treatment might be justified by differences in needs or preferences but are of concern given previously observed sex differences in the excess risks for complications. (this thesis)
4. Cholesterol and triglyceride levels in patients with type 2 diabetes should be evaluated in relation to changes in patients' characteristics, such as age and menopausal status. (this thesis)
5. Talking with patients about their capabilities, opportunities and motivation for different management options can help to understand and address barriers to treatment. (this thesis)
6. Lifestyle management of type 2 diabetes should also be personalized. (this thesis)
7. It is more important to know what sort of person has a disease than to know what sort of disease a person has. (Hippocrates)
8. Pioneering spirit should continue, not to conquer the planet or space ... but rather to improve the quality of life. (Bertrand Piccard)