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The medication family map

Your pills each do a different job. Most people were handed four boxes and never told which job is which — so nothing gets questioned at a review, and side effects look like bad luck instead of information.

Four jobs, not one

The job	What it means in plain language	Families that do it
Make more insulin	Your pancreas still makes some. These push it to release more, or add insulin from outside.	Sulfonylureas, insulin, some injectables
Help insulin work	The insulin is there but the body ignores it. These make cells listen again.	Metformin, thiazolidinediones
Remove extra sugar	The kidneys dump glucose into the urine instead of recycling all of it.	SGLT2 inhibitors
Slow digestion	Food leaves the stomach slower, so the glucose rise is flatter and you feel full sooner.	GLP-1 receptor agonists, DPP-4 inhibitors

> **Why this matters:** if you know a pill's job, you can tell whether it is working. A number that stays high on a “help insulin work” pill is a different conversation from a number that stays high on insulin.

Diabetes families, one line each

Family (example names)	Job	What people notice
Metformin (biguanide)	Cuts the glucose your liver releases	Loose stools and nausea at the start, usually settles; taken with food. Kidney function is checked because the dose depends on it.
Sulfonylureas (gliclazide, glimepiride)	Push the pancreas to release insulin	Low blood sugar is the real risk — skipped meals matter here.
DPP-4 inhibitors (sitagliptin, linagliptin)	Keep your own incretin signals around longer	Gentle; low blood sugar is uncommon on its own.
SGLT2 inhibitors (…gliflozin)	Kidneys excrete glucose	More urination, thirst; genital yeast infections are common. Sick-day rules matter — ask about them.
GLP-1 agonists (semaglutide, dulaglutide, liraglutide)	Slow stomach emptying, more fullness	Nausea early on, appetite drops, weight often follows.
Insulin (basal, bolus, mixed)	Replaces what your body is not making	The most powerful tool and the one that needs the most counting: dose, food, activity, illness.

Blood pressure families

Family (example names)	Job	What gets monitored
ACE inhibitors (…pril)	Relax blood vessels; protect the kidney when protein is leaking	A dry cough is the classic tell. Potassium and creatinine are checked.
ARBs (…sartan)	Same job, different door — used when the cough is intolerable	Potassium and creatinine, same as above.
Thiazide-type diuretics (indapamide, hydrochlorothiazide)	Remove sodium and water	Sodium, potassium, uric acid; gout can flare.
Calcium channel blockers (amlodipine, nifedipine)	Relax the vessel wall itself	Ankle swelling is the common complaint.
Beta-blockers (…olol)	Slow the heart, lower its workload	Pulse; not usually a first choice for blood pressure alone.

Kidney rules that cross families

Three things worth asking about by name:
1. **NSAIDs** (ibuprofen, naproxen, diclofenac) — hard on kidneys, especially with a diuretic or an ACE/ARB on board. Ask what to use for pain instead.
2. **Contrast dye** — any scan with dye means someone should check your kidney numbers first and your medicines after.
3. **Dose limits at low kidney function** — some diabetes pills have an eGFR line below which the dose changes or stops. That line is in your labs, not in the leaflet.

Potassium is the shared thread. ACE inhibitors, ARBs and potassium-sparing diuretics all push potassium up; some kidney diets push it up too. Two good changes can stack into one bad number, which is why it is checked rather than guessed.

Twelve questions for the next medication review

1. What job is each of these doing, in one sentence?
2. Which number is each one supposed to move, and by how much?
3. If nothing has changed in six months, is this pill still earning its place?
4. Which of these is doing the most work, and which is doing the least?
5. What is my kidney number (eGFR) today, and does any dose depend on it?
6. What are the side effects I should report rather than tolerate?
7. Is there anything here that should not be stopped suddenly?
8. What do I do on a sick day — vomiting, fever, can't keep fluids down?
9. Can I see the list in writing, with the reason beside each one?
10. Which of these interact with the painkiller I keep in the cupboard?
11. What is the plan if my numbers get worse rather than better?
12. Who do I call between appointments if something feels wrong?

How to run the review without a fight

> Bring this page, bring your home numbers, and open with the question that is hardest to dismiss: *“I am not asking to stop anything. I am asking what job each one is doing so I can tell whether it is working.”* Then write the answers down in front of them. A plan that exists only in the room tends to evaporate by the parking lot.

What to write down before you go in

- Every box and bottle, including supplements and anything bought online — photographed, not remembered.
- Your home numbers for the last two weeks: blood pressure (two readings, one minute apart), glucose where you test, and weight.
- The two side effects that bother you most, with when they started.
- One question you refuse to leave without asking. Write it first; it is the one that gets skipped.