### American Diabetes Association

# **Older Adults**

## Individualization of Treatment Goals and Medication Plans for Older Adults With Diabetes

# MEDICATION:

Stay the course if the person:

- Is able to manage/ perform tasks required
- Has infrequent acute illnesses
- Has support available, if needed

# Additional Considerations:

- Consider using continuous glucose monitoring and other technology devices to reduce hypoglycemia.
- Include medications to reduce cardiorenal risk, irrespective of glycemia.
- Use available resources to reduce cost-related barriers to treatment.

# CHARACTERISTICS/HEALTH STATUS

**Healthy** (few coexisting chronic illnesses and intact cognitive and functional status)

Reasonable treatment goal: A1C <7.0-7.5% (<53-58 mmol/mol)

# Complex/intermediate (multiple

coexisting chronic illnesses or two or more instrumental activities of daily living [ADL] impairments or mild to moderate cognitive impairment)

Reasonable treatment goal: A1C <8.0% (<64 mmol/mol)

# Community-dwelling individuals receiving care in a skilled nursing facility for short-term rehabilitation

Reasonable treatment goal: Avoid reliance on A1C; glucose goal of 100–200 mg/dL (5.55–11.1 mmol/L)

Very complex/poor health (long-term care or end-stage chronic illnesses or moderate to severe cognitive impairment or two or more ADL impairments)

Reasonable treatment goal:
Avoid reliance on A1C; avoid hypoglycemia
and symptomatic hyperglycemia

### At the end of life

Reasonable treatment goal:

Avoid hypoglycemia and symptomatic
hyperglycemia

### **MEDICATION:**

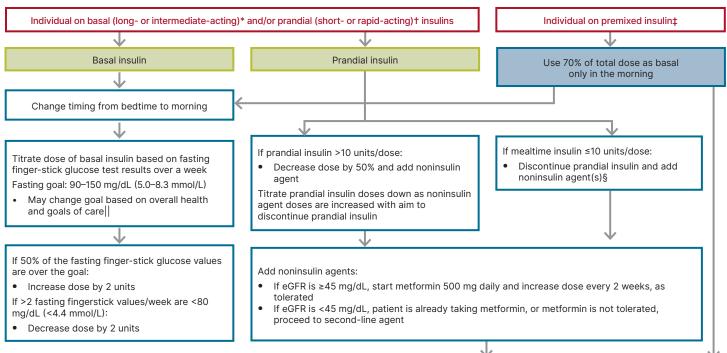
Deintensify or simpify the plan if the person:

- Has had severe or recurrent hypoglycemia
- Has experienced deterioration in health, cognitive, or functional status
- Has had recent or frequent acute illnesses or hospitalization
- Is experiencing wide glycemic excursions
- Has had significant changes in social circumstances
- ! Is dealing with polypharmacy





Suggested citation: American Diabetes Association Primary Care Advisory Group. 13. Older adults: Standards of Care in Diabetes—2024 abridged for primary care professionals. Clin Diabetes 2024;42:216–217 (doi: 10.2337/cd24-a013). ©2024 by the American Diabetes Association.



#### Additional Tips

- Do not use rapid- and short-acting insulin at bedtime
- While adjusting prandial insulin, a simplified sliding scale may be used, for example:
  - » For premeal glucose >250 mg/dL (>13.9 mmol/L), give 2 units of shortor rapid-acting insulin
  - » For premeal glucose >350 mg/dL (>19.4 mmol/L), give 4 units of shortor rapid-acting insulin
- Stop sliding scale when not needed daily

Using individual and drug characteristics to guide decision-making, as depicted in Figure 9.3 and Table 9.2 of the complete ADA *Standards of Care—2024*, select additional agents) as needed:

- Every 2 weeks, adjust insulin dose and/or add glucose-lowering agents based on finger-stick glucose testing performed before lunch and before dinner
- Goal: 90–150 mg/dL (5.0–8.3 mmol/L) before meals; may change goal based on overall health and goals of care
- If 50% of premeal finger-stick values over 2 weeks are above goal, increase the dose or add another agent
- If >2 pre-meal finger-stick values/week are <90 mg/dL (<5.0 mmol/L), decrease the dose of medication

Algorithm to simplify insulin plans for older adults with type 2 diabetes. eGFR, estimated glomerular filtration rate. \*Basal insulins: glargine U-100 and U-300, detemir, degludec, and human NPH. †Prandial insulins: short-acting (regular human insulin) or rapid-acting (lispro, aspart, and glulisine). ‡Premixed insulins: 70/30, 75/25, and 50/50 products. §Examples of noninsulin agents include metformin, sodium–glucose cotransporter 2 inhibitors, dipeptidyl peptidase 4 inhibitors, and glucagon-like peptide 1 receptor agonists. ||See previous page for more information. Adapted with permission from Munshi MN, Slyne C, Segal AR, Saul N, Lyons C, Weinger K. Simplification of insulin regimen in older adults and risk of hypoglycemia. JAMA Intern Med 2016;176:1023–1025.