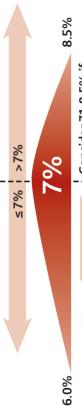
WHAT A1C SHOULD I TARGET?



A target A1C ≤6.5% may be considered in some patients with type 2 diabetes to further lower the risk of nephropathy which must be balanced against the risk of hypoglycemia

Most patients with type 1 and type 2 diabetes

Consider 7.1-8.5% if:

- Limited life expectancy
- High level of functional dependency
 Extensive coronary artery disease at high risk of ischemic events
 - Multiple co-morbidities
 - History of recurrent severe hypoglycemia
- Hypoglycemia unawareness
 Longstanding diabetes for whom
 it is difficult to achieve an A1C
 <7%, despite effective doses of
 multiple antihyperglycemic
 agents, including intensified</p>

basal-bolus insulin therapy