|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Target setting, recommended interventions and treatment goals according to frailty in older adults with diabetes from Diabetes Ther (2021) 12:1227-1247 <https://pubmed.ncbi.nlm.nih.gov/33830409/> | | | | | | |
| Level of frailty | **Electronic frailty index** | **Status** | **Treatment goals** | **Recommended interventions** | **Recommended targets** |  |
| Healthy/  pre-frail/mild frailty | 0-0.12  0.12-0.24 | * Functional and independent * Life expectancy >10 years | * Reverse frailty or limit its progression * Maintain functional status, independence and QoL * Prevent or delay macro/microvascular complications | * Tight glycaemic control * Resistance exercise and nutritional interventions * Statin therapy unless contraindicated/not tolerated | * **HbA1c** <58 mmol/mol (<7.5%), but ≥42 mmol/mol (≥ 6%) * **FPG** 5.0-7.2 mmol/L * **BP** < 140/90 mmHg |  |
| Moderate frailty | 0.24-0.36 | * >2 comorbidities * Reduced life expectancy | * Prevent decline in QoL * Limit the progression of microvascular complications * Avoid metabolic emergencies such as hypoglycaemia | * Glycaemic control * Assess and reduce cognitive decline * Statin therapy unless contraindicated/not tolerated | * **HbA1c** <64 mmol/mol (<8%), * **FPG** 6.0-8.3 mmol/L * **BP** < 140/90 mmHg |  |
| Severe frailty | >0.36 | * Significant comorbidity and functional deficits, and limited independence * Markedly reduced life expectancy | * Improve QoL by reducing symptoms or hospitalisations * Maintain functional status, preventing further lower limb dysfunction, preventing significant disability | * Less aggressive glycaemic targets but avoid hypoglycaemia and be aware that hyperglycaemia can increase risk of infections and cause urinary incontinence, thirst and dehydration * Consider whether statin therapy is beneficial | * **HbA1c <69** mmol/mol (<8.5%), * **FPG** 7-10 mmol/L * **BP** < 150/90 mmHg |  |
| A significant part of clinical decision making in older people with diabetes involves consideration of their frailty status, but this will vary in importance depending on the presence of other factors including severe comorbidity, vascular complications and cognitive impairment.  BP blood pressure, FPG fasting plasma glucose, QoL quality of life | | | | | | |