

Healthy/pre-frail/mild frailty

Re-evaluate level of frailty annually and within 3 months of any intervention

HbA_{1c} ≥58 mmol/mol (≥7.5%)

Metformin* ± DPP4i^[A]

*(If eGFR ≥30 ml/min/1.73 m²)

HF detected or suspected (BNP measurement)

Pre-existing or high risk for stroke/MI

No ASCVD (after screening for HF)

SGLT2i as appropriate^[B]

GLP-1RA semaglutide or dulaglutide

DPP-4i or SGLT2i or GLP-1RA

A long acting basal insulin with low risk of hypoglycaemia (e.g. degludec or IGlur u300)

HbA_{1c} <53mmol/mol (<7.0%)

HF detected or suspected (BNP measurement)

Reduced renal function (eGFR <30 ml/min/1.73 m²)

Discontinue pioglitazone ± Initiate SGLT2i

Discontinue metformin

Reduce insulin dose in 20% increments to maintain HbA_{1c} in the target range

Switch from NPH or twice-daily premix insulins to...

■ treatment escalation

■ treatment de-escalation

▭ suggested recommendations

[A] Saxagliptin has been associated with an increased risk of symptomatic heart failure. [B] At time of publication, any SGLT-2i can be initiated at eGFR>60 ml/min/1.73 m² for the management of hyperglycaemia: canagliflozin can be initiated at >45 ml/min/1.73 m² or >30 ml/min/1.73 m² in people with proteinuria, dapagliflozin can be initiated at any HbA_{1c} for the management of heart failure. All SGLT-2i are less efficacious at reducing hyperglycaemia at lower eGFRs. [C] Expert recommendation.

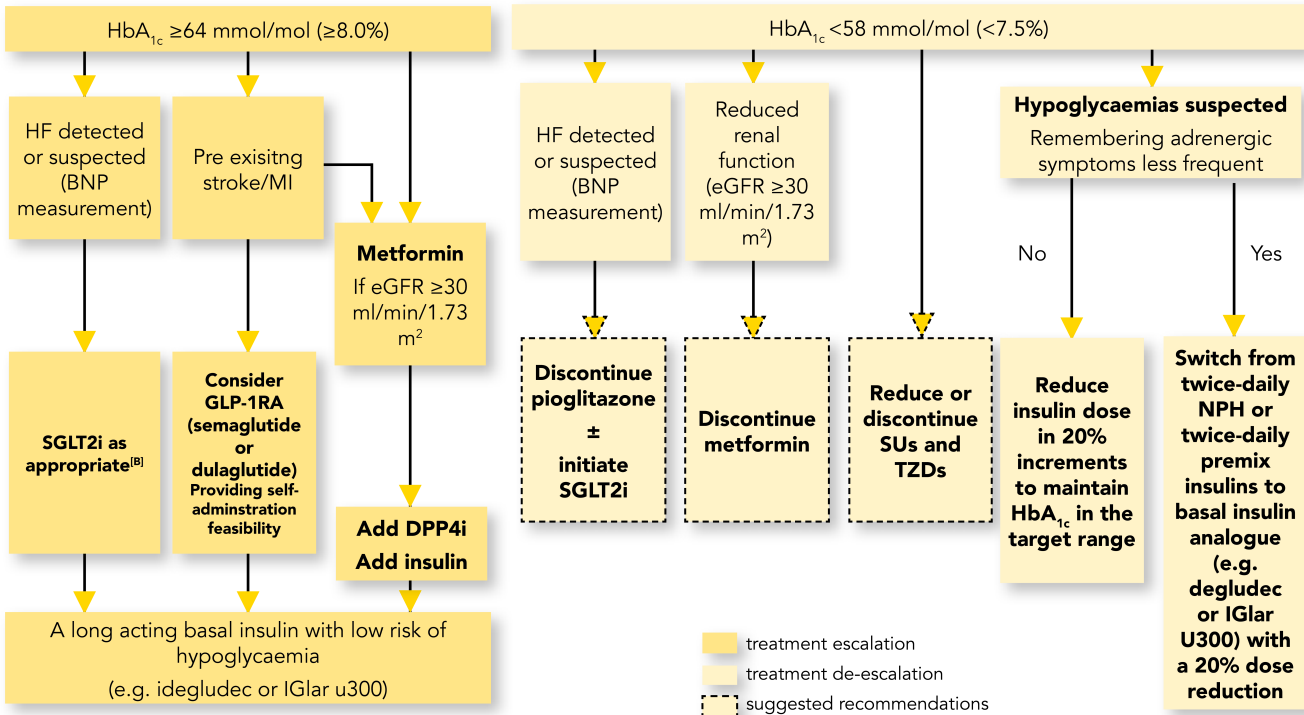
Basal insulin analogue (e.g. degludec or IGlur U300), with a 20% dose reduction

Basal insulin analogue + SGLT2i or GLP-1RA (e.g. IDegLira or LixiLan), with a 30% reduction^[C] in total insulin dose and reduction in dose of any concomitant SU

ASCVD=atherosclerotic cardiovascular disease; BNP=B-type natriuretic peptide; DPP-4i=dipeptidyl peptidase-4 inhibitor; eGFR=estimated glomerular filtration rate; GLP-1=glucagon-like peptide 1; GLP-1RA=glucagon-like peptide 1 receptor agonist; HbA_{1c}=glycated haemoglobin; HF=heart failure; iGlar=insulin glargine; MI=myocardial infarction; NPH=neutral protamine Hagedorn; SGLT2i=sodium-glucose cotransporter-2 inhibitor.

Moderately frail

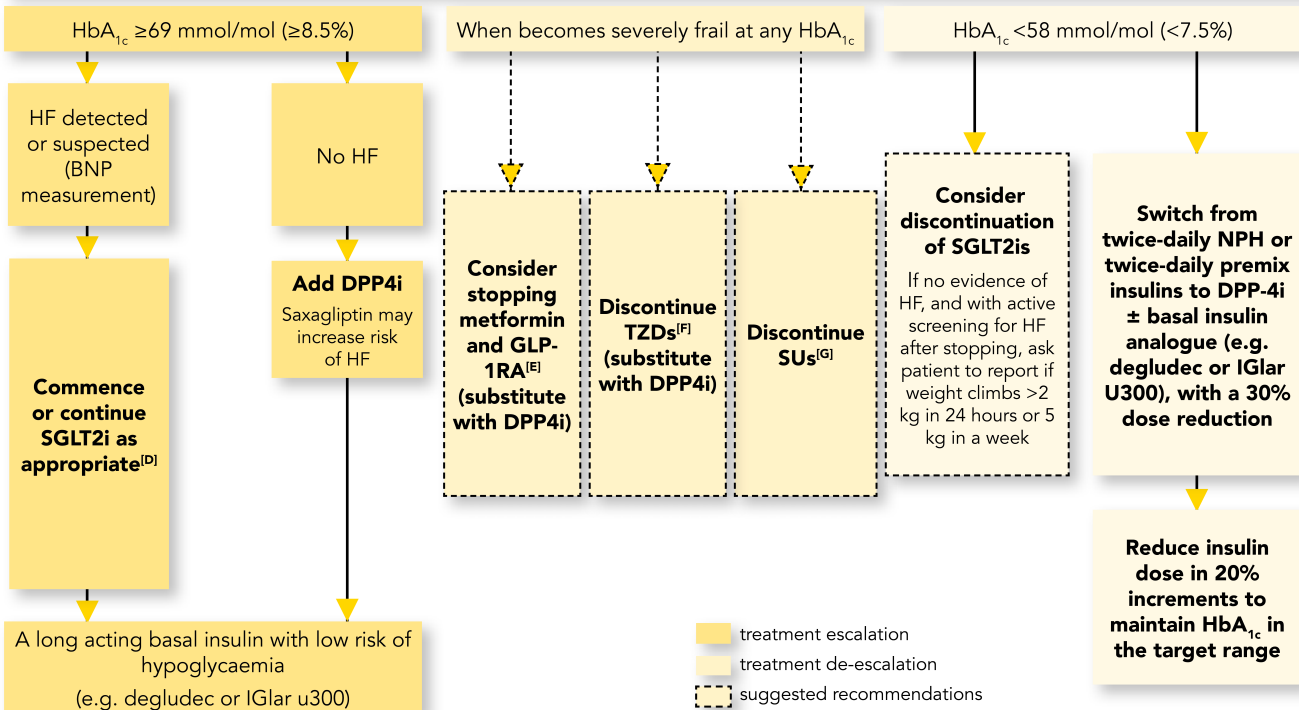
Re-evaluate level of frailty annually and within 3 months of any intervention



BNP=B-type natriuretic peptide; DPP-4i=dipeptidyl peptidase-4 inhibitor; eGFR=estimated glomerular filtration rate; GLP-1RA=glucagon-like peptide 1 receptor agonist; HbA_{1c}=glycated haemoglobin; HF=heart failure; IGlAr=insulin glargine; MI=myocardial infarction; NPH=neutral protamine Hagedorn; SGLT2i=sodium-glucose cotransporter-2 inhibitor; SUs=sulfonylureas; TZDs=thiazolidinediones.

Severely frail

Re-evaluate level of frailty annually and within 3 months of any intervention



[D] Mitigate risk of dehydration/infection. [E] Risks of reduced appetite and weight loss. [F] HF and fracture risk. [G] Risk of hypoglycaemia. BNP=B-type natriuretic peptide; DPP-4i=dipeptidyl peptidase-4 inhibitor; eGFR=estimated glomerular filtration rate; GLP-1RA=glucagon-like peptide 1 receptor agonist; HbA_{1c}=glycated haemoglobin; HF=heart failure; NPH=neutral protamine Hagedorn; SGLT2i=sodium-glucose cotransporter-2 inhibitor; SUs=sulfonylureas; TZDs=thiazolidinediones.