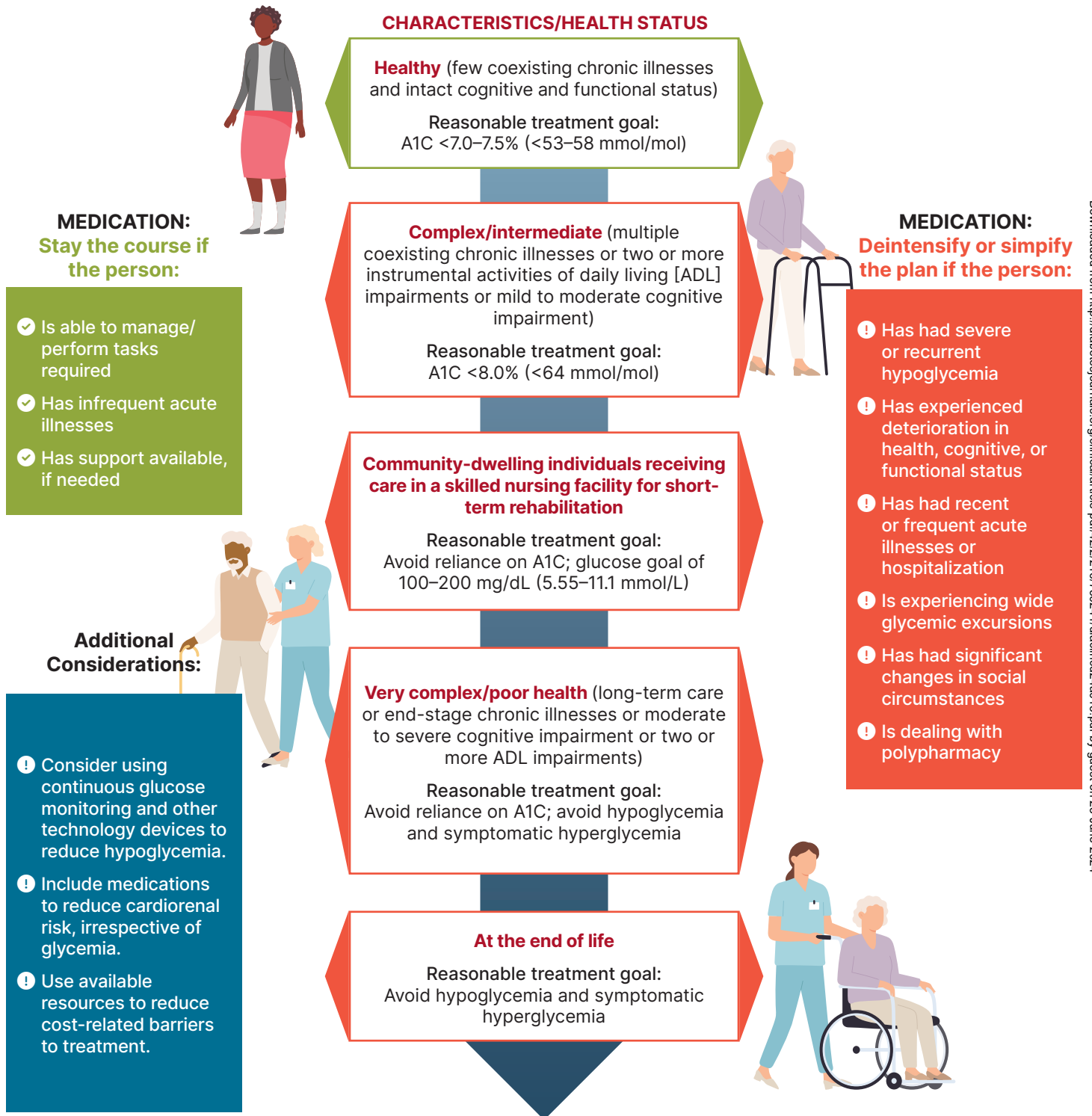


Section 13:

# Older Adults

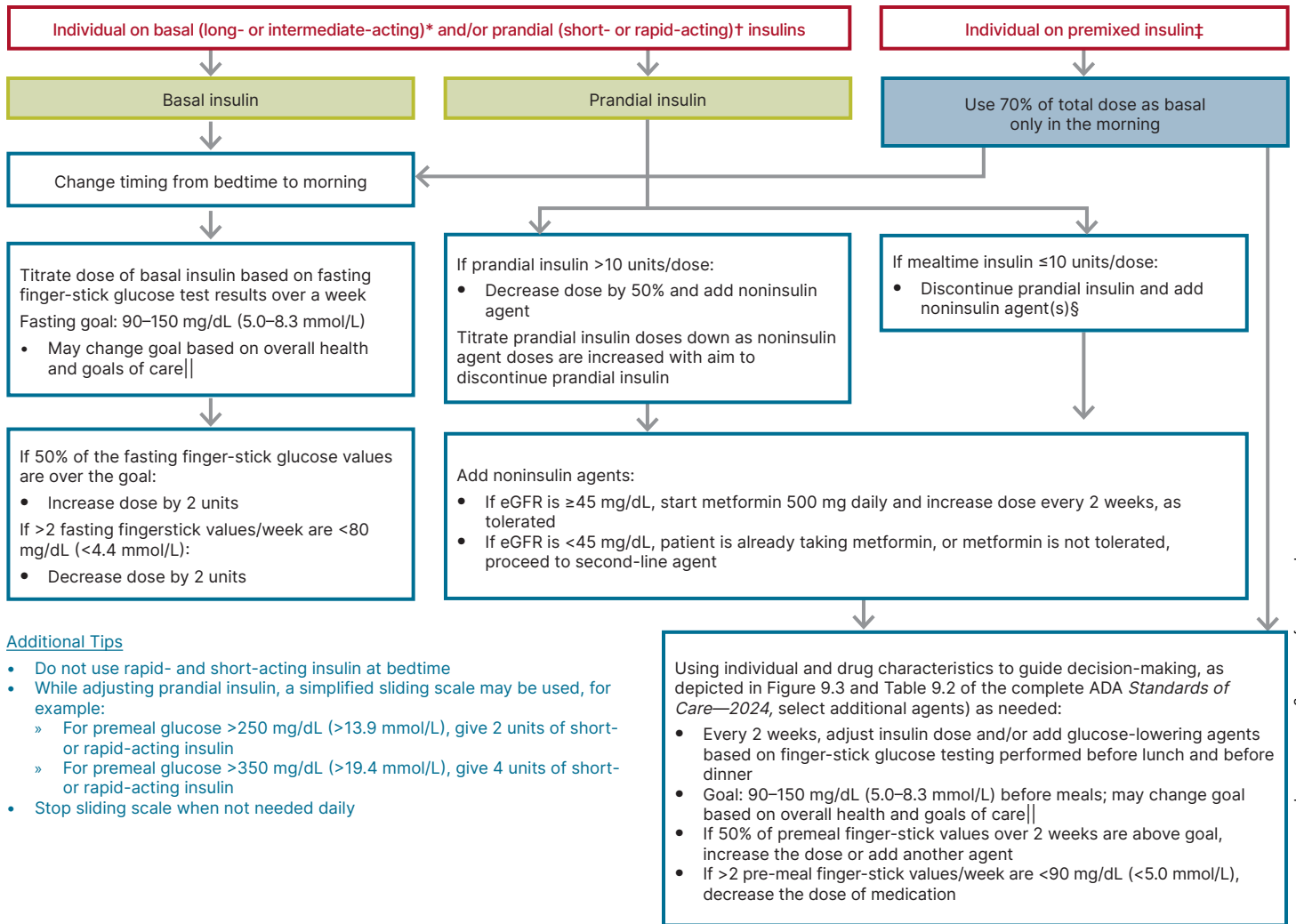
## Individualization of Treatment Goals and Medication Plans for Older Adults With Diabetes



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## Simplification of Complex Insulin Therapy



### 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 short- or rapid-acting insulin
  - » For premeal glucose >350 mg/dL (>19.4 mmol/L), give 4 units of short- or rapid-acting insulin
- Stop sliding scale when not needed daily

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.