

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.

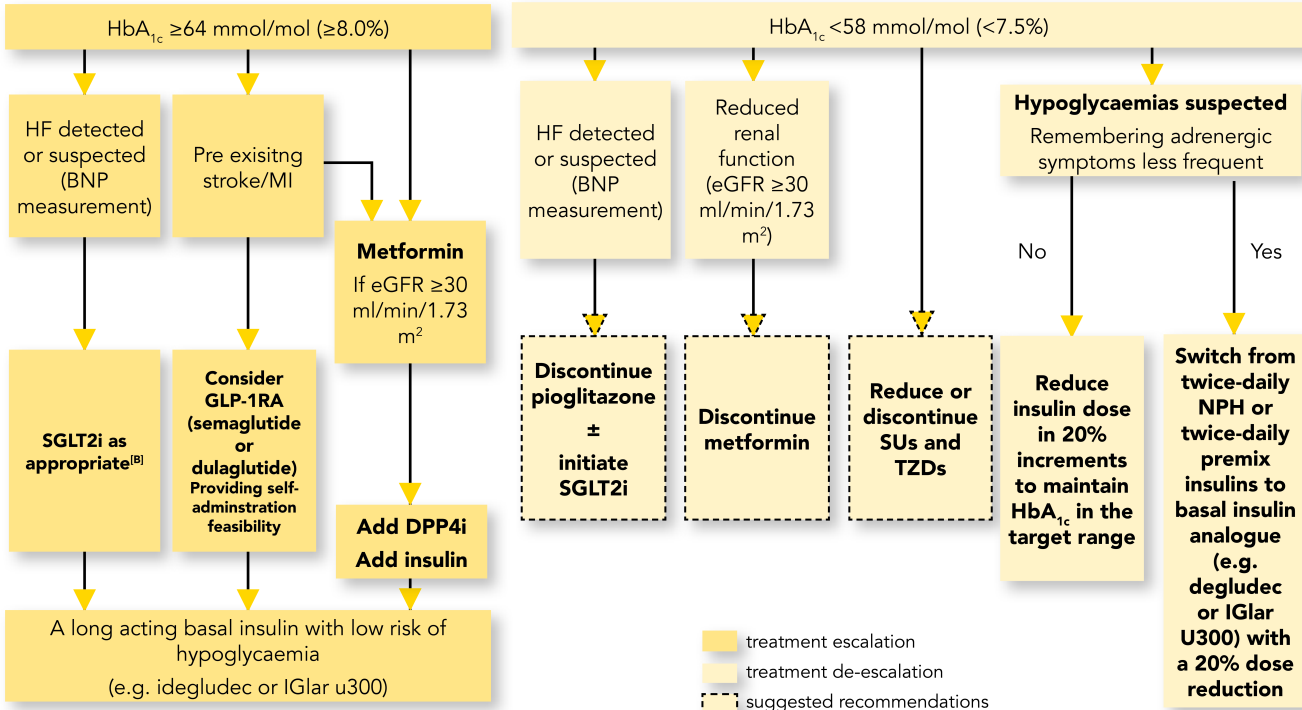
**Basal insulin
analogue
(e.g. degludec
or IGlur
U300), with a
20% dose
reduction**

**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

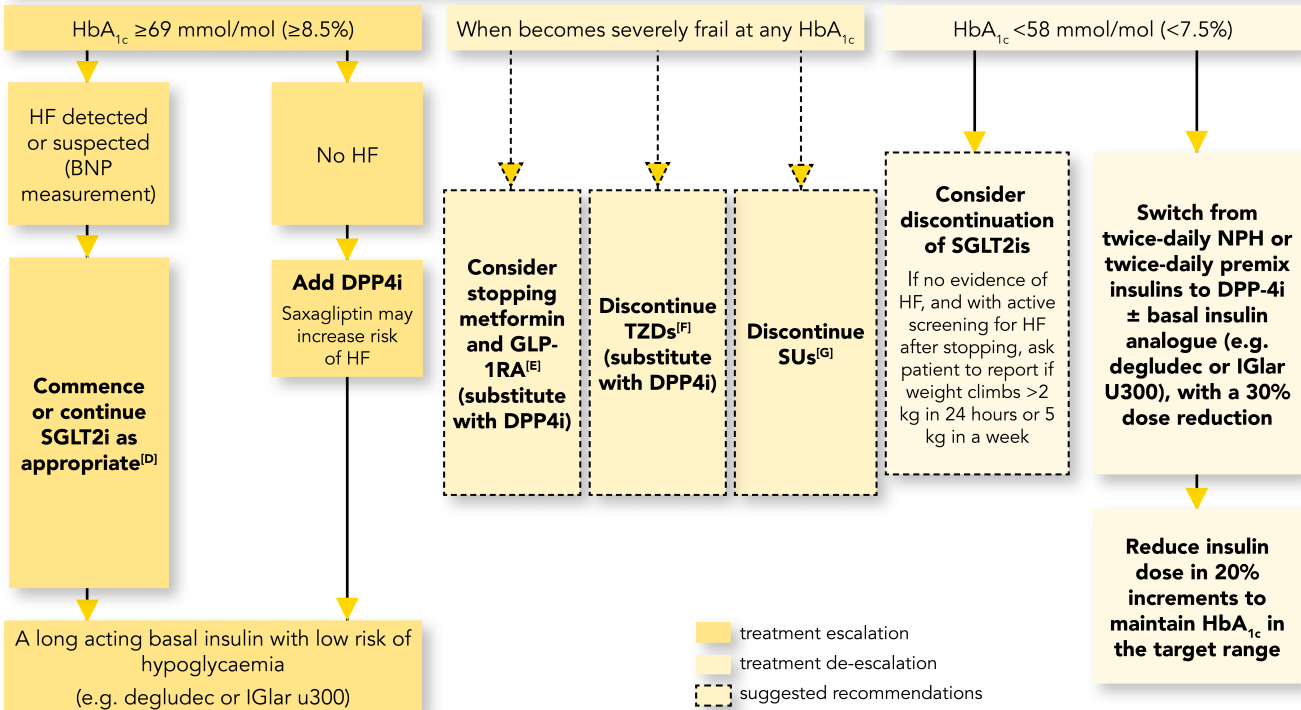
Re-evaluate level of frailty annually and within 3 months of any intervention



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.