INDIVIDUALISING HBA1C TARGETS											
HBA1C TARGET RECOMMENDATIONS:	APPROACH TO MANAGEMENT OF HYPERGLYCAEMIA										
People with Type 2 Diabetes should normally have their HbA1c maintained between 48 and 58 mmol/mol.						Least intensive					
Clinicians should aim to involve people in decisions about their individual HbA1c target level, which may in some cases be above that of 48-58 mmol/mol set for people with Type 2 Diabetes in general.		42mmol/mc	bl	53mmol/mo	ol 6	4mmol/mol					
Target HbA1c level should be informed by a number of factors including duration of Diabetes, life expectancy, comorbidities including established vascular complications and available support.	Patient attitude and expected treatment efforts	Highly motivated	adherent		Less motivate	d non-adherent					
Tighter targets (6.0 - 6.5% / 42 – 48 mmol/mol) younger, healthier	Hypoglycaemia risk	Excellent self-ca	re capacities		Poor se	lf-care capacities					
Looser targets (7.5 - 8.0% ^{+/} 58-64 mmol/mol older, CKD, comorbidities, hypoglycaemia prone, End of Life		Low			Moderate	High					
Encourage the person to maintain their individual target unless the resulting side effects (including hypoglycaemia) or their efforts to achieve this impair their quality of life.	Disease duration	5	10	1	5	20					
Offer therapy (lifestyle and medication) to help achieve and maintain the HbA1c target level	Life expectancy										
Inform a person with a higher HbA1c that any reduction in HbA1c towards the agreed target is advantageous to future health.		Long				Short					
Avoid pursuing highly intensive management particularly in elderly and frail people in whom the risk of hypoglycaemia is high.	Important comorbidities	None		Few/Mild		Multiple/Severe					
HBA1C IFCC UNITS:	Established vascular complications										
HbA1c values should be expressed in mmol/mol instead of percentages as follows:		Absent				Severe					
DCCT (%) IFCC (mmol/mol) 6.0 42	Resources, support system										
6.5 48 7.0 53 7.5 58		Readily available	2			Limited					
8.0 64 9.0 75	From Ismail-Beigi, et al. Individu	alizing glycemic target	ts in Type 2 Diab	etes mellitus: implica	tions of recent cl	inical trials. Ann					

From Ismail-Beigi, et al. Individualizing glycemic targets in Type 2 Diabetes mellitus: implications of recent clinical trials. Ann Intern Med. 2011 Apr 19;154(8):554-9.

INDIVIDUALISATION OF HBA1C

Age	<65		65-70		>70		Severe frailty or Residential care	End of Life Care	
Duration > 10 years Latest HbA1c > 64-75 Complications: CVD, CKD, retinal, foot Hx of Hypoglycaemia On SU / Insulin	N	Y	N	Y	N	Y	Y	Refer to: <u>Diabetes UK</u> <u>End of Life</u> <u>Diabetes Care</u> <u>Clinical</u> <u>Recommendations</u> for advice on targets and potential deprescribing	
Target HbA1c	<48	48-53	<48	53-58	53-58	58-64	58-69		

Adapted from Khunti and Davies 2010