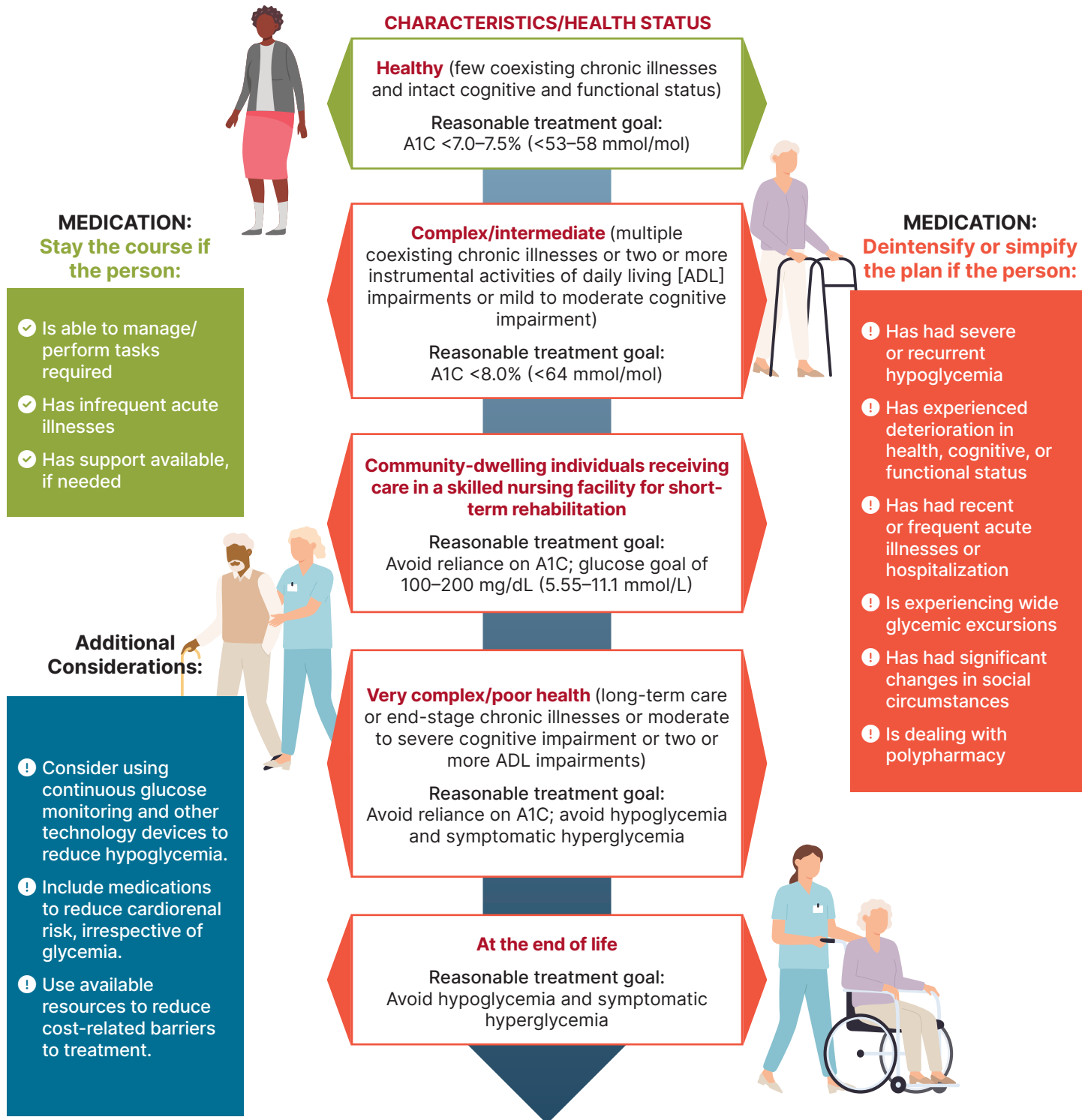


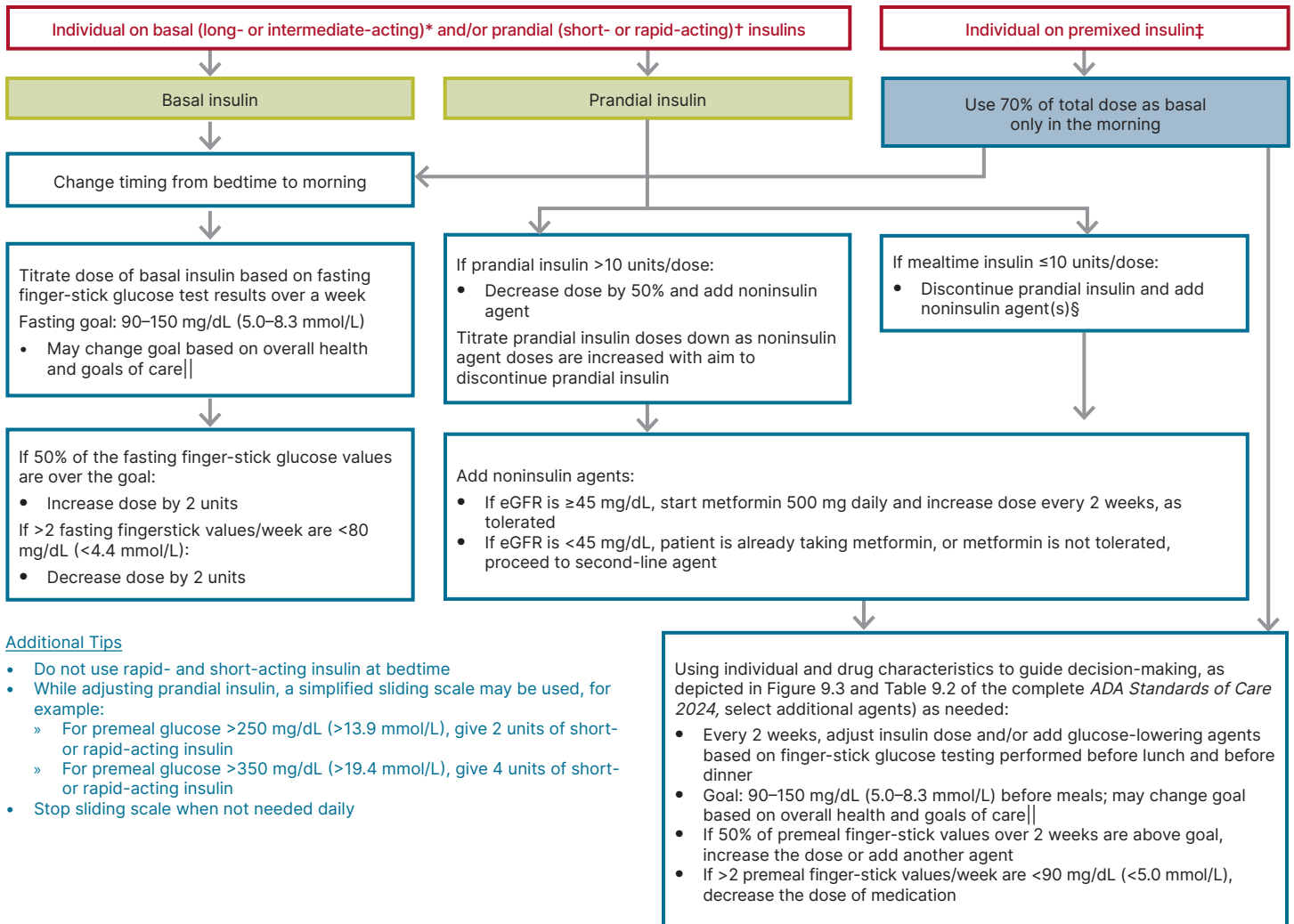
Section 13: Older Adults

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



Suggested citation: American Diabetes Association Primary Care Advisory Group. 13. Older adults: *Standards of Care in Diabetes—2024* abridged for primary care professionals. Clin Diabetes 2024;42:216–217 (doi: 10.2337/cd24-a013) ©2024 by the American Diabetes Association.

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.