



2022 ADA Standards of Medical Care in Diabetes: Older Adults

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General Considerations for Older Adults

- **Screen** for polypharmacy, cognitive impairment, depression, urinary incontinence, falls, persistent pain, frailty
  - Poor glycemic control is associated with decline in cognitive function, reduced muscle strength, frailty
- **Address hypoglycemia** - older adults have a greater risk of hypoglycemia than younger adults
  - Consider continuous glucose monitor (CGM) for type 1 and type 2 DM (coverage is insurance specific)
  - Older adults may experience more neuroglycopenic manifestations (dizziness, weakness, delirium, confusion)
- **Lifestyle management:** optimal nutrition, protein intake, regular exercise (aerobic, weight-bearing, resistance)
  - For type 2 DM patients who are overweight/obese → modest weight loss goal (5-7%)
- Tailor a care plan to balance quality of life, functional dependency

Determining Treatment Goals

Patient Health Status	Rationale	A1c Goal	Fasting/Pre-Prandial BG Goal (mg/dL)	Bedtime BG Goal (mg/dL)	Blood Pressure (mmHg)	Lipids
<b>Healthy</b> – few coexisting chronic illnesses*, intact cognitive and functional status	Longer life expectancy	< 7.0 – 7.5%	80 – 130	80 – 180	< 140/90	Statin unless contraindicated or not tolerated
<b>Complex/Intermediate</b> – multiple coexisting chronic illnesses* OR 2+ instrumental ADL impairments OR mild-to-moderate cognitive impairment	Intermediate life expectancy, high treatment burden, hypoglycemia + fall risk	< 8.0%	90 – 150	100 – 180	< 140/90	Statin unless contraindicated or not tolerated
<b>Very Complex/Poor Health</b> – LTC OR end-stage chronic illnesses* OR moderate-to-severe cognitive impairment OR 2+ ADL impairments	Limited life expectancy, benefit uncertain	Avoid reliance on A1c – decisions based on <i>avoiding hypoglycemia and symptomatic hyperglycemia</i>	100 – 180	110 – 200	< 150/90	Consider likelihood of benefit from statin**

\***Chronic Illnesses** – conditions serious enough to require medications or lifestyle management (arthritis, cancer, HF, depression, CKD, MI, stroke, hypertension, incontinence, etc.)

\*\***Treatment of CV Risk Factors** – individualized considering the time frame of benefit

- Estimated time to benefit for primary prevention statin therapy in adults aged 50-75 years: 2.5 years to prevent 1 major adverse cardiovascular event (MACE), number needed to treat (NNT) 100 patients<sup>1</sup>
- In patients ≥ 75 years old, lipid lowering was show to be as effective in reducing CV events as it was for patients < 75 years<sup>2</sup>

1. Yourman LC, et al. JAMA Intern Med. 2021;181(2):179-185.  
 2. Gencer B, et al. Lancet. 2020;396(10263):1637-1643.

## Pharmacologic Therapy: Goals of Therapy

	Avoid Hypoglycemia	Consider Costs of Care	Prioritize Safety
Drug Class	Hypoglycemia Risk	Associated Cost	Additional Considerations
Metformin	No	Low	<ul style="list-style-type: none"> <li>- GI side effects → risk of volume depletion, weight loss</li> <li>- Lactic acidosis (risk ↑ with renal and hepatic impairment)</li> <li>- B12 deficiency</li> </ul>
GLP-1 RA	No	High	<ul style="list-style-type: none"> <li>- GI side effects → risk of volume depletion, weight loss</li> <li>- Injectable – consider agents with weekly administration to simplify</li> </ul>
SGLT-2 Inhibitors	No	High	<ul style="list-style-type: none"> <li>- Risk of bone fractures (canagliflozin)</li> <li>- Genitourinary infections</li> <li>- Worsening urinary incontinence</li> <li>- Risk of volume depletion, hypotension</li> </ul>
Sulfonylureas	Yes, use with caution	Low	<ul style="list-style-type: none"> <li>- Avoid glyburide (BEERS Criteria 2019)</li> <li>- Glimepiride, glipizide preferred (shorter duration of action)</li> </ul>
DPP-4 Inhibitors	No	High	<ul style="list-style-type: none"> <li>- Associated with ↑ risk of HF hospitalizations, specifically saxagliptin and alglipitin</li> </ul>
TZDs	No	Low	<ul style="list-style-type: none"> <li>- FDA Black Box Warning: CHF</li> <li>- Fluid retention (edema, HF)</li> <li>- Risk of bone fractures</li> </ul>
Insulin	Yes – higher risk with human insulin vs. analogs	Variable - consider generic, lower cost options such as insulin glargine-yfqn or insulin lispro	<ul style="list-style-type: none"> <li>- Injectable – consider simplifying regimen to ↓ daily injections</li> </ul>

### De-Intensify Complex Regimens

