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Utilizing the DEINTENSIFY Strategy to Manage Diabetes in Older Adults

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The goals of diabetes treatment are three-fold: prevent symptoms of hyperglycemia; prevent short-term complications, such as hypoglycemia; and prevent the progression of long-term complications.

For older adults with diabetes, deintensification of complex regimens is recommended to decrease polypharmacy and hypoglycemia, as long as targets for glycemic control can be met.¹ Deintensification, or deprescription, is the process of simplifying, reducing, or withdrawing medications.² Older adults with few comorbidities and intact cognitive function with a longer life expectancy may have A1C goals of 7% to 7.5%; those with multiple chronic illnesses facing high treatment burden or cognitive impairments may have an A1C goal of <8%.^{1,2}

One approach for identifying older adults appropriate for deintensification based on patient characteristics and comorbidities is the **DEINTENSIFY** strategy, illustrated to the right.²

Management must be individualized, taking into account individual comorbidities, functional ability, home care situation, life expectancy, culture and health beliefs, and individual health decisions (e.g., quantity versus quality of life, side effects, and risks versus long-term benefits).¹

For more information, access Cardi-OH's expanded resource on **Management of Diabetes in Older Populations**.

Summary of Patient Characteristics to DEINTENSIFY Hypoglycemic Medications

D	Dementia, especially those with erratic eating pattern and abnormal behavior
E	Elderly, especially those ≥80 years old
I	Impaired renal function, especially those with end-stage renal disease
N	Numerous comorbidities, especially those with ≥5 comorbidities
T	Tight glycemic control, especially those with A1C <7% (<53 mmol/mol)
E	End of life phase, especially those with ≤1 year life expectancy
N	Nursing home residents, especially those with multiple comorbidities
S	Significant weight loss, especially unintentional indicating frailty
I	Inappropriate medications, especially insulin or sulfonylureas
F	Frequent hypoglycemia, especially serious episodes needing assistance
Y	Years of long diabetes, especially those >20 years duration

Adapted from Deintensification of hypoglycemic medications—use of a systematic review approach to highlight safety concerns in older people with type 2 diabetes⁴

References

- American Diabetes Association Professional Practice Committee; Draznin B, Aroda VR, Bakris G, et al. 13. Older Adults: Standards of Medical Care in Diabetes—2022. *Diabetes Care*. 2022;45(Suppl 1):S195-S207. doi:10.2337/dc22-S013.
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