Pharmacist's Letter
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Simplify Diabetes Meds in Older Adults

You're in a key spot to **deprescribe diabetes meds in older adults**.

Intensive treatment can cause hypoglycemia...leading to falls, cognitive changes, and cardiac events.

Follow these 4 "S" steps to optimize diabetes meds in older adults.

Seek triggers. Look for red flags that may indicate a need to reevaluate treatment goals or strategies.

For example, consider whether unintended weight loss might be a side effect of a diabetes med, such as a GLP-1 agonist (semaglutide, etc).

Or ask patients with cognitive changes, excessive drowsiness, or sleep problems if they're having any low blood sugars.

Share decision-making. Work together with the patient and their caregiver to weigh treatment benefits and risks.

Be ready to discuss why therapy changes may be needed, such as frequent hypoglycemia or a recent fall. Listen to concerns...and emphasize that med changes are intended to keep them safe.

Set or reset goals. Reinforce individualizing blood sugar goals. Point out that a "one-size-fits-all" approach isn't safe or practical.

Explain that an A1c goal below 7% in older patients may lead to overtreatment...increasing adverse effects, interactions, falls, etc.

Suggest relaxing the A1c target to between 7% and 8.5% in older patients, especially if there's a history of recurrent severe hypoglycemia or hypoglycemia unawareness, limited life expectancy, frailty, etc.

Simplify and select safer treatment. Collaborate with prescribers and suggest stopping or reducing the dose of the most likely culprit med.

For instance, if hypoglycemia is the problem, recommend stopping or adjusting the dose of meds associated with hypoglycemia, such as sulfonylureas or insulin. Or suggest giving basal insulin in the morning instead of at bedtime if hypoglycemia is occurring overnight.

Monitor kidney function and reevaluate meds often. For example, avoid metformin in patients with eGFR below 30 mL/min/1.73 m^2. Use our *Drugs for Type 2 Diabetes* chart to help dose meds in kidney impairment.

Assess appetite and weight. For patients with poor appetite or at risk for weight loss, consider a DPP-4 inhibitor (sitagliptin, etc). They have fewer GI side effects and don't cause weight loss like other options.

See our toolbox, *Chronic Meds in the Elderly: Taking a "Less Is More" Approach*, for tips on how to deprescribe for other conditions.

Key References:

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