Decision Tree to be used alongside: A guide to personalising Glucose management in older type 2 diabetic patients living with frailty'.

Type II DM and living with frailty? (CFS 4+)

No → **Pre-frail:** Management as per standard diabetes approach.

Yes ↓

Reasons to consider de-prescribing present? (Recurrent or severe hypoglycaemia, HBA1c <53, limited life expectancy, falls, weight loss, GI or other significant side effects, AKI, cognitive decline, high treatment burden, carer strain, medication linked infections).

No → Consider frailty level and other co-morbidities to agree an appropriate personalised HBA1c plan through shared decision making.

Yes ↓

Reasons for immediate medication reduction? Recurrent/severe hypo's/HBA1c <53 **and** insulin/suphonylurea prescribed, CFS7/8 with significant side effects/medication burden/carer strain, or concern over other linked factors such as renal decline/AKI etc.

No → Consider SMR to explore patient/carer's view point in greater depth +/- discussion at MDT meeting to help determine a patient centred management plan involving **shared decision making weighing up the risks v. benefits for continuing.** Formulate a patient specific HBA1c target taking into account CFS level, co-morbidities and wishes.

Yes ↓

Arrange prompt discussion with patient and carers as appropriate to patient's specific needs for shared decision making.

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Reduce, simplify or stop medication with high risk of hypoglycaemia or high side effect burden as risk of continuing may well outweigh benefits. Consider swaps to lower risk medication. Consider need for ongoing HBA1c monitoring if severe frailty/guarded life expectancy. If continuing, review HBA1c targets.

If in doubt, facilitate discussion at MDT meeting involving the wider MDT and community geriatrics/secondary care depending on patient's co-morbidities and wishes.