**TYPE 2 DIABETES – HbA1c TARGETS**

**Check HbA1c 6mthly in patients with stable control who have achieved their target. Consider 3mthly monitoring when adjusting treatment to assess effectiveness.**

**HbA1c TARGET RECOMMENDATIONS**

<table>
<thead>
<tr>
<th>Tighter targets (42-48mmol/mol or even below 42)</th>
<th>Looser targets (58-70mmol/mol)</th>
</tr>
</thead>
<tbody>
<tr>
<td>An HbA1c of below 48mmol/mol should be encouraged in younger patients where this can be achieved without polypharmacy or exposure to repeated hypoglycaemia.</td>
<td>Older individuals, co-morbidities, high risk of hypoglycaemia, etc.</td>
</tr>
</tbody>
</table>

Target HbA1c level should be informed by a number of factors including life expectancy, hypoglycaemia risk related to insulin or sulphonylurea use, co-morbidities especially vascular complications and frailty.

**INDIVIDUALISING HbA1c TARGETS**

Clinicians should aim to involve people in decisions about their individual HbA1c target level with 48-58mmol/mol being the standard target.

**APPROACH TO MANAGEMENT OF HYPERGLYCAEMIA**

**Most intensive**

- <48 mmol/mol

**Least intensive**

- 70 mmol/mol

**Risk of hypoglycaemia**

- Insulin, sulphonylureas
  - Diet controlled
  - Metformin, gliptins, SGLT2

- High risk medication combined with other factors eg CKD,

**Life expectancy**

- Long
  - Short

**Established vascular complications**

- Absent
  - Severe

**Significant co-morbidities, frailty**

- None
  - Multiple, severe

**Patient goals, engagement**

- Highly motivated, adherent
  - Not engaged despite Multiple attempts by HCPs

**HERPC Hull & East Riding Prescribing Committee**

Approved by HERPC: March 2018  Review: March 2021

Further local diabetes guidelines are available on the HERPC website: https://www.hey.nhs.uk/herpc/prescribing-guidelines/


**Document the agreed target**