

## TYPE 2 DIABETES

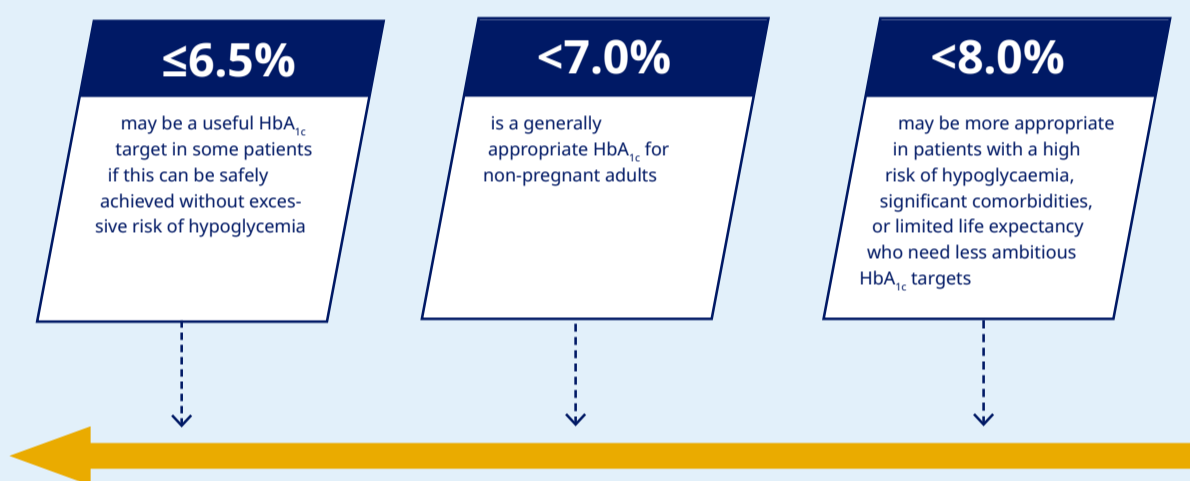
# With uncontrolled HbA<sub>1c</sub>, how high is too high?

Treatment plans still center around an individualised target HbA<sub>1c</sub> for each patient, but greater consideration is now given to the impact of additional patient characteristics and comorbidities.

It can therefore be difficult to know how to set the right target for the right patient.



## Setting HbA<sub>1c</sub> targets in patients with type 2 diabetes



## Other factors affecting selection of target HbA<sub>1c</sub>



High risk of hypoglycaemia or adverse drug effects



Longer duration of diabetes or shorter life expectancy



Presence of severe or multiple key comorbidities (obesity, hypertension, CKD, CVD, HF)



The complexity of the regimen and treatment burden should also be considered, as these factors can affect patient adherence and persistence, and thus the long-term efficacy of any treatment plan.



Established vascular complications



Additional agents should be added as required to maintain glycemic control, and should be selected based on a patient-centered approach.