APPENDIX 2. Results of the online questionnaire

**Question 1:** What is your order of importance when individualizing diabetes management in older people? (1 – most important, 6 – least important)

![Graph showing the order of importance for various factors in diabetes management.]

**Question 2:** Which of the following geriatric syndromes should be assessed and monitored for older people with type 2 diabetes? (Choose the most important 5)

![Graph showing the percentage of respondents choosing various geriatric syndromes.]

- Physical frailty
- Cognitive impairment
- Polypharmacy
- Nutritional problems
- Falls and fracture
- Visual and hearing impairment
- Depression
- Urinary incontinence
- Pain
APPENDIX 2. (cont’d)

**Question 3:** What is your target HbA1c level for these older people with type 2 diabetes?

- **Robust Elderly**
  - >8.0% and ≤9.0%: 32.1%
  - >7.0% and ≤8.0%: 51.8%
  - >6.5% and ≤7.0%: 6.6%
  - ≤6.5%: 3.4%

- **Physically Frail**
  - >9.0% and ≤12.0% if asymptomatic: 41.1%
  - >7.0% and ≤8.0%: 51.8%
  - >8.0% and ≤9.0%: 5.4%

- **Cognitively Impaired**
  - >9.0% and ≤12.0% if asymptomatic: 3.6%
  - >8.0% and ≤9.0%: 57.1%
  - >7.0% and ≤8.0%: 39.3%

- **End-of-Life Care**
  - >7.0% and ≤8.0%: 1.8%
  - >8.0% and ≤9.0%: 30.4%
  - >9.0% and ≤12.0% if asymptomatic: 17.9%
  - Others: 30.4%
  - ≤8.0%: 50.0%
APPENDIX 2. (cont’d)

Question 4: What is your target hemoglucostix range for these older people with type 2 diabetes?

Robust Elderly

Physically Frail

Cognitively Impaired

End-of-Life Care
Question 5: What are your target blood pressure levels for these older people with type 2 diabetes?

- **Robust Elderly**
  - ≤140/90 mmHg: 26.8%
  - ≤130/80: 21.4%
  - ≤160/100: 20.4%
  - ≤150/90: 19.6%

- **Physically Frail**
  - Avoid diastolic BP <60: 12.5%
  - ≤140/90: 28.6%
  - ≤160/100: 42.9%
  - ≤150/90 mmHg: 3.6%

- **Cognitively Impaired**
  - Avoid diastolic BP <60: 26.8%
  - ≤140/90: 23.2%
  - ≤160/100: 44.1%
  - ≤150/90 mmHg: 5.4%

- **End-of-Life Care**
  - Others: 26.8%
  - Avoid diastolic BP <60: 25.0%
  - ≤150/90 mmHg: 35.7%
  - ≤160/100 mmHg: 10.7%
Question 8: Besides patient factors, what are the major factors considered during prescription of glucose-lowering therapy in older people with type 2 diabetes? (Please choose your best 3)

Question 9: What will be your first-line oral glucose-lowering pharmcotherapy for these people with type 2 diabetes? (Choose 1 for each person)
APPENDIX 2. (cont’d)

Question 9: What will be your first-line oral glucose-lowering pharmcotherapy for these people with type 2 diabetes? (Choose 1 for each person)

- An Older Person with Malnutrition and Erratic Food Intake
- An Older Person with High Risk of Hypoglycemia
- An Older Person living in Nursing Home with Advanced Dementia and Functionally Dependent
APPENDIX 2. (cont’d)

Question 10: In your opinion, should **restrictive diabetic diet** be advocated in the following people?

- Robust elderly
- Octogenarians (age > 80 years)
- Physically frail
- Cognitively impaired
- People who are underweight
- Nursing home residents

Question 11: In your clinical practice, **how often** would you include the following **non-pharmacological management** in older people with type 2 diabetes?
APPENDIX 2. (cont’d)

Question 12: What is/are your treatment goals in nursing home residents with type 2 diabetes? (Choose 3)

![Bar chart showing treatment goals]

- Prevent hypoglycemia
- Prevent hospitalization
- Avoid acute metabolic complications
- Provide timely end-of-life care and advance care planning
- Reduce microvascular and macrovascular complications