APPENDIX 1. The online questionnaire on the clinical practice of geriatricians in the management of older people with diabetes

The Hong Kong Geriatrics Society - Special Interest Group (Diabetes)

Online Questionnaire for Round Table Discussion on the Management of Type 2 Diabetes in Older People

* Required

1. What is your order of importance when individualizing diabetes management in older people? *

(1 – most important, 6 – least important)

	1	2	3	4	5	6
A. Chronological age	○	○	○	○	○	○
B. Physical and mental functioning	○	○	○	○	○	○
C. Duration of diabetes	○	○	○	○	○	○
D. Comorbidities and associated vascular diseases	○	○	○	○	○	○
E. Risk of hypoglycemia	○	○	○	○	○	○
F. Family and community support	○	○	○	○	○	○

2. Which of the following geriatric syndromes should be assessed and monitored for older people with type 2 diabetes? *

(Choose the most important 5)

- ☐ A. Physical frailty
- ☐ B. Cognitive impairment
- ☐ C. Falls and fracture
- ☐ D. Polypharmacy
- ☐ E. Nutritional problems
- ☐ F. Depression
- ☐ G. Pain
- ☐ H. Urinary incontinence
- ☐ I. Visual and hearing impairment

APPENDIX 1. (cont'd)

Appendix: For Questions 3 – 7, 9 – 10

- ○ Robust elderly: Functionally independent
- ○ Physically frail: Characterized by a combination of significant fatigue, recent weight loss, severe restriction in mobility and strength
- ○ Cognitively impaired: Characterized by significant cognitive impairment to the extent that requires assistance in basic self-care
- ○ End-of-life care: Characterized by a significant medical illness or malignancy and compromised basic self-care, with life expectancy <1 year

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

	A. ≤6.5%	B. >6.5% and ≤7.0%	C. >7.0% and ≤8.0%	D. >8.0% and ≤9.0%	E. >9.0% and <12.0% if asymptomatic	F. Others
Robust elderly	○	○	○	○	○	○
Physically frail	○	○	○	○	○	○
Cognitively impaired	○	○	○	○	○	○
End-of-life care	○	○	○	○	○	○

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

	A. Fasting 5-7 mmol/L, Post-prandial <10 mmol/L	B. Fasting <10 mmol/L, Post-prandial <14 mmol/L	C. Post-prandial 5-15 mmol/L	D. Post-prandial 10-20 mmol/L, if asymptomatic	E. Avoid <5 mmol/L	F. Others
Robust elderly	○	○	○	○	○	○
Physically frail	○	○	○	○	○	○
Cognitively impaired	○	○	○	○	○	○
End-of-life care	○	○	○	○	○	○

APPENDIX 1. (cont'd)

5. What are your target blood pressure levels for these older people with type 2 diabetes? *

	A. ≤130/80 mmHg	B. ≤140/80 mmHg	C. ≤140/90 mmHg	D. ≤150/90 mmHg	E. ≤160/100 mmHg	F. Avoid diastolic BP < 60mmHg	G. Others
Robust elderly	○	○	○	○	○	○	○
Physically frail	○	○	○	○	○	○	○
Cognitively impaired	○	○	○	○	○	○	○
End-of-life care	○	○	○	○	○	○	○

6. What is your target body mass index (BMI) for these older people with type 2 diabetes? *

	A. BMI <18.5 kg/m2	B. BMI 18.5-22.9 kg/m2	C. BMI 23-24.9 kg/m2	D. BMI 25-30 kg/m2	E. Others
Robust elderly	○	○	○	○	○
Physically frail	○	○	○	○	○
Cognitively impaired	○	○	○	○	○
End-of-life care	○	○	○	○	○

7. What is your target waist circumference (WC) for these older people with type 2 diabetes? *

[Notes: Recommended by the World Health Organization, the waist circumference cut-off points for Caucasians are >102 cm (for men) and >88 cm (for women) whereas the cut-off points for Chinese are >90 cm (for men) and >80 cm (for women). Values above the cut-off points are associated with substantially increased risk of metabolic complications.]

	A. WC <102 cm (for men), <88 cm (for women)	B. WC <90 cm (for men), <80 cm (for women)	C. WC >102 cm (for men), >88 cm (for women)	D. WC >90 cm (for men), >80 cm (for women)	E. WC 90-95 cm (for men), no specific target (for women)	F. Others
Robust elderly	○	○	○	○	○	○
Physically frail	○	○	○	○	○	○
Cognitively impaired	○	○	○	○	○	○
End-of-life care	○	○	○	○	○	○

APPENDIX 1. (cont'd)

8. Bedside patient factors, what are the major factors considered during prescription of glucose-lowering therapy in older people? *

(Please choose your best 3)

- ☐ A. Glucose-lowering effect
- ☐ B. Risk of hypoglycemia
- ☐ C. Gastrointestinal side effects
- ☐ D. Weight effect
- ☐ E. Cost
- ☐ F. Dosing frequency

9. What will be your first-line oral glucose-lowering pharmacotherapy for these people with type 2 diabetes? *

(Choose 1 for each person)

	A. Metformin	B. Sulphonylureas	C. Dipeptidyl peptidase-4 (DPP-IV) inhibitors	D. Alpha-glucosidase inhibitors	E. Thiazolidinediones	F. Glinid
1. A robust elderly	○	○	○	○	○	○
2. An older person with organ failure or eGFR <30 ml/min	○	○	○	○	○	○
3. An older person with malnutrition and erratic food intake	○	○	○	○	○	○
4. An older person with high risk of hypoglycemia	○	○	○	○	○	○
5. An older person living in nursing home with advanced dementia and functionally dependent	○	○	○	○	○	○

APPENDIX 1. (cont'd)

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

	Yes	No	Not Sure
A. Octogenarians (age >80 years)	○	○	○
B. Robust elderly	○	○	○
C. Physically frail	○	○	○
D. Cognitively impaired	○	○	○
E. People who are underweight	○	○	○
F. Nursing home residents	○	○	○

11. In your clinical practice, how often would you include the following non-pharmacological management in older people with type 2 diabetes? *

	Always	Very Often	Occasional	Seldom
1. Frailty assessment (e.g. Fried's frailty criteria, FRAIL score)	○	○	○	○
2. Functional assessment (e.g. basic ADL, IADL)	○	○	○	○
3. Cognitive assessment (e.g. Mini-Mental State Examination)	○	○	○	○
4. Nutritional assessment (e.g. body mass index, Mini-Nutritional Assessment)	○	○	○	○
5. Fall assessment	○	○	○	○
6. Exercise program	○	○	○	○
7. Diabetic complication screening	○	○	○	○
8. Patients' and carers' education and self-management	○	○	○	○

APPENDIX 1. (cont'd)

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

- ☐ A. Reduce microvascular and macrovascular complications
- ☐ B. Avoid acute metabolic complications
- ☐ C. Prevent hypoglycemia
- ☐ D. Prevent hospitalization
- ☐ E. Provide timely end-of-life care and advance care planning

13. An 80-year old lady lived alone and could walk with quadripod slowly. She has history of type 2 diabetes for 20 years, hypertension, hyperlipidemia, chronic kidney disease (serum creatinine 120 µmol/L), old stroke with right hemiparesis. Her latest HbA1c was 9.0% on metformin 1g BD and glibenclamide (Daonil®) 10mg BD. She was admitted to the medical ward with hypoglycemia. *

13.1 What is your glycemic target for this lady?

- ○ A. HbA1c <6.5%
- ○ B. HbA1c 6.5-7.0%
- ○ C. HbA1c 7.1-8.0%
- ○ D. HbA1c 8.1-9.0%
- ○ E. HbA1c >9.0% and <12.0% if asymptomatic

13.2 What will be your non-pharmacological management approach? *

	Yes	No	Neutral
A. Evaluate and treat any concurrent illness	○	○	○
B. Assess physical and cognitive function and ascertain drug compliance	○	○	○
C. Avoid restrictive diabetic diet and assess any nutritional problem	○	○	○
D. Patient and/or carer education: recognize symptoms and signs of hypoglycemia and recommend self-blood glucose monitoring	○	○	○
E. Refer community services for drug supervision and/or insulin injection upon discharge	○	○	○

APPENDIX 1. (cont'd)

13.3 What will be your pharmacological management approach? *
(Choose 1)

- ○ A. Keep current doses of metformin and glibenclamide
- ○ B. Keep current dose of metformin and switch glibenclamide into a lower risk sulphonylurea
- ○ C. Halve the dose of metformin and switch glibenclamide into a lower risk sulponylurea
- ○ D. Halve the dose of metformin, stop glibenclamide and add DPP-IV inhibitor
- ○ E. Halve the dose of metformin, stop glibenclamide and add basal insulin [e.g. NPH (neutral protamine Hagedorn) insulin or long-acting insulin analogues (glargine, detemir)]
- ○ F. Stop metformin and glibenclamide and switch to basal plus bolus insulin regimen

14. Which type of service setting are you working in? *

- ○ Acute setting
- ○ Non-acute setting
- ○ Both

15. What is your title at work? *

- ○ Specialist
- ○ Non-specialist

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