

Medications should be given as prescribed and in a timely manner. People living with diabetes may develop side effects or may become intolerant to medications at any time, not just when starting therapies. If you have any concerns speak to your GP or usual health care professional.

- All older adults with diabetes and frailty should have their medications reviewed regularly<sup>35</sup>
- If adults with diabetes in your care have lost their appetite; lost weight; may be having difficulty eating and/or swallowing or have lost the ability to feed themselves; or have become frail or their frailty is increasing, then they are at more risk of hypoglycaemia. They should be reviewed quickly
- Medications such as SGLT-2 inhibitors and thiazolidinediones (pioglitazone) may lead to side effects which include weight loss, dehydration, and possible toe amputations (SGLT-2 inhibitors)<sup>36</sup>, as well as the risk of heart failure, fractures, and bladder cancer<sup>37</sup>
- GLP-1 receptor agonists can also cause weight loss and anorexia
- If you are concerned about any of these issues, contact the GP or health care provider to review.

ULTRA LONG ACTING INSULIN (BASAL)	LONG ACTING INSULIN (BASAL)	RAPID ACTING INSULIN (BOLUS)	BIPHASIC MIXED ANALOGUE INSULIN	INTERMEDIATE ACTING INSULIN	SHORT ACTING INSULIN	BIPHASIC MIXED HUMAN INSULIN
TOUJEO TRESIBA	LANTUS ABASAGLAR LEVEMIR SEMGLLEE	NOVORAPID HUMALOG APIDRA FIASP LYUMJEV INSULIN LISPRO TRURAPI ADMELOG	NOVOMIX 30 HUMALOG MIX 25 HUMALOG MIX 50	INSULATARD HUMULIN I	HUMULIN S  ACTRAPID (HOSPITAL USE ONLY)	HUMULIN M3
Once daily, can be administered at any time.  <b>Inhuman range of insulin (by Sanofi) will no longer be available (from June 2023). If you require further advice, please contact your health care provider.</b>	Lantus/abasaglar – once (in some instances) twice daily, to be administered at same time(s) every day.  Levemir – once or twice daily, morning &/or evening at similar time.	Once/twice or three times daily with main meals.  Administered approx. 15 Mins prior to meals.	Usually twice daily- 15 Mins before breakfast & evening meal, can sometimes be given at lunchtime also.  (Cloudy insulin –needs to be re-suspended by tipping & rolling the pen 10 times before injecting).	Once or twice daily – morning &/or evening.  (Cloudy insulin –needs to be re-suspended by tipping & rolling the pen 10 times before injecting).	Once/twice or three times daily with main meals, administered approx. 30 Mins prior to meals.	Usually twice daily- 30 Mins before breakfast & evening meal, can sometimes be given at lunchtime also.  (Cloudy insulin –needs to be re-suspended by tipping & rolling the pen 10 times before injecting).

<sup>35</sup> Sinclair A (2019) Key learning points: diabetes in older people with frailty accessed from: Key learning points: diabetes in older people with frailty | Key learning points | Guidelines in Practice 29/09/2021.

<sup>36</sup> NICE. Type 2 diabetes in adults: management. Evidence reviews for SGLT-2 inhibitors and GLP-1 mimetics. NICE Guideline 28. NICE, 2018. Available at: [www.nice.org.uk/guidance/ng28/evidence/sglt2-inhibitors-and-glp1-mimetics-pdf-10958149117](http://www.nice.org.uk/guidance/ng28/evidence/sglt2-inhibitors-and-glp1-mimetics-pdf-10958149117) <sup>37</sup> Turner R, Kwok C, Chen-Turner C et al. Thiazolidinediones and associated risk of bladder cancer: a systematic review and meta-analysis. Br J Clin Pharmacol 2014; 78 (2): 258–273.