



Type 2 diabetes: agreeing my blood glucose (HbA1c) target

Patient decision aid



What is the best blood glucose (HbA1c) target for me?

If you have type 2 diabetes you may have higher levels of glucose (sugar) in your blood. Your blood glucose levels are usually measured by an HbA1c blood test. Your HbA1c level shows your average blood glucose over the past 2 to 3 months.

You can help to manage your blood glucose levels with diet and changes to your lifestyle, such as keeping a healthy weight. But people with type 2 diabetes will also usually need to take medicines to manage their blood glucose.

NICE recommends that you and your diabetes team should agree a target HbA1c that you will aim for with their support. We've written this decision aid to help you work out together what that target should be for you at the moment.

When you are agreeing the target, it's important to think about what else is happening in your life and what matters most to you.

You can use the diagram on the last page to help you think about how important some things are compared with others. There might be other things you want to talk to your diabetes team about as well. **It is important that you make a decision that you feel is right for you.**

Every so often it's a good idea to think about whether this is still the best target for you. This could be at your annual review, or sooner if you wish.

Many people with type 2 diabetes find their HbA1c increases over time, even with treatment. That's why treatments may need to be changed as part of your ongoing care.



Blood glucose and long-term health

In the long term, people who have a higher HbA1c are at higher risk of having problems with their blood vessels and heart. These might include angina, a heart attack or a stroke. They also have an increased risk of conditions affecting the eyes and vision, the feet, nerves and kidneys. All of these could lead to complications that could seriously harm the person's quality of life.

But not everyone gets these problems, and there is a lot you can do to reduce your risk. As well as managing your

blood glucose levels, these include:

- stopping smoking (if you smoke)
- keeping a healthy weight
- staying active

and for some people:

- managing your blood pressure (usually with medicines)
- taking a statin or other medicine to manage your cholesterol.

Your diabetes team can explain more about these and how you can get help with them. NICE has produced other decision aids about managing blood pressure and taking a statin.



What are the possible benefits from managing my blood glucose?

High blood glucose levels can cause symptoms such as feeling thirsty, needing to pass urine a lot and feeling more tired than usual. Managing your blood glucose can stop these things from happening and improve how you feel day-to-day.

For reducing the risk of long-term health problems, the evidence is unclear about how much extra benefit comes from aiming for a lower target HbA1c compared with aiming for a slightly

more relaxed target. Discuss with your diabetes team how much benefit you might expect, thinking about your age, how long you have had diabetes and whether you already have some of the health problems that can come with it.

Diabetes specialists agree that managing your blood glucose will reduce the risk of health problems in the long term. However, it's not possible to say for sure what will happen to any individual person.



What are the possible challenges in managing my blood glucose?

Aiming for a lower blood glucose target may mean you have to take more medicines. Taking more medicines may also mean you are more likely to get side effects. But not everyone will get side effects and they may not trouble you if they do happen. It is usually possible to change your medicines to ones that suit you better.

There might be times when your blood glucose level goes too low – this is called hypoglycaemia (or 'hypo' for short). Most hypos are mild and do not

cause much trouble, but some can cause people to feel dizzy or faint, and they might need help from someone else to treat the hypo. There are special rules for some drivers who have diabetes – talk to your diabetes team to see if they affect you.

For some people, aiming for a low target HbA1c may make them more likely to get hypos, and some people find it hard to recognise when they are getting a hypo. Some medicines are more likely to cause hypos than others.



Your target HbA1c: weighing it up

Make a mark on each of the lines to show how you feel about these statements. The more you agree with the statement on the left, the further to the left you should put your mark. The more you agree with the statement on the right, the further to the right you should put your mark. You and your diabetes team can use this to help decide the best target HbA1c for you.

Having hypos would not be a problem for me

Horizontal line with vertical end caps for marking.

Having hypos would be a big problem for me

I'm not concerned about possible side effects from diabetes medicines

Horizontal line with vertical end caps for marking.

I'm very concerned about possible side effects from diabetes medicines

I'm willing to take more medicines if I need to

Horizontal line with vertical end caps for marking.

I do not want to take any more medicines

I do not have any health issues apart from my diabetes

Horizontal line with vertical end caps for marking.

I have lots of health issues as well as my diabetes

Thinking about my age and my health overall, my quality of life in the long term is important to me

Horizontal line with vertical end caps for marking.

Thinking about my age and my health overall, my quality of life in the shorter term is more important to me

A lower HbA1c target may be better

A higher HbA1c target may be better