

Table 2**Hypoglycaemic medications in older people with diabetes**

Medication	Advantage	Disadvantage
Metformin	First-line therapy, less risk of hypoglycaemia, weight neutral	Conditions that increase risk of lactic acidosis are common in older people e.g. renal impairment, heart failure, dehydration and acute illness. So metformin therapy should be carefully monitored
Sulfonylureas	First-line, if metformin is not tolerated, or add-on therapy	Increased risk of hypoglycaemia and weight gain. Long-acting sulfonylureas e.g. chlorpropamide should not be used in older people
Pioglitazone	First-line or add-on therapy, less risk of hypoglycaemia, can be used in patients with renal impairment	Fluid retention, not suitable in patients with heart failure and volume overload. Increases risk of fractures and possibly bladder cancer
Meglitinides	Short-acting insulin secretors, suitable for patients with irregular eating patterns	Risk of hypoglycaemia and weight gain but less than that with sulfonylureas
Alpha-glucosidase inhibitors	Low risk of hypoglycaemia	Less effective, gastrointestinal side effects e.g. flatulence and diarrhoea
DPP-IV inhibitors*	Weight neutral, low risk of hypoglycaemia	Dose needs to be adjusted with renal impairment
GLP-1 mimetics**	Weight loss in obese patients, low risk of hypoglycaemia	Injectable, weight loss in frail patients, not suitable in renal impairment, nausea is common and possible risk of pancreatitis
Insulin	Suitable when drug therapy fails. Long-acting insulin analogues are easy to use with lower risk of hypoglycaemia	Injectable, weight gain, high hypoglycaemia risk, needs close blood glucose monitoring

*DPP-IV= dipeptidyl peptidase IV, ** GLP-1= glucagon like peptide-1