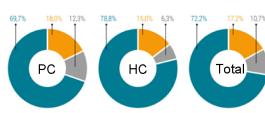


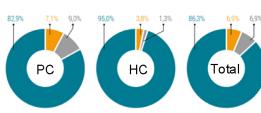
Figure S1. Percentage of agreement on the Delphi statements (n = 291).

S1a. Management of patients with comorbidities and determinants

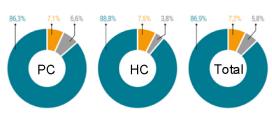
1 » The evaluation of cognitive capacities and psychological symptoms in patients with DM2 (distress, depression, anxiety, eating disorders) is as important as the rest of comorbidities and determinants



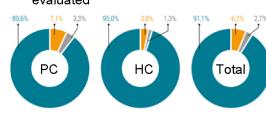
2 » Comorbidity affects a patient's capacity for self-care



3 » The coexistence of severe psychiatric disorders in patients with DM2 conditions antidiabetic treatment

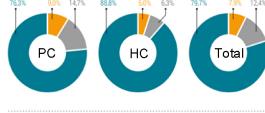


4 » Patients with DM2-COPD who receive medium- or high-dose glucocorticoids as treatment for flare-ups of their lung disease must be specifically screened for glucocorticoid-induced hyperglycemia (self-measurement of capillary blood glucose) and adjustments of hyperglycemia treatment must be evaluated

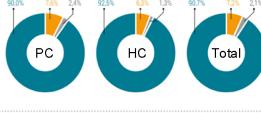


S1b. Management of elderly patients

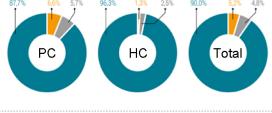
5 » A lack of treatment deintensification in cases in which no benefits have been demonstrated is a form of therapeutic inertia that can have repercussions on the patient



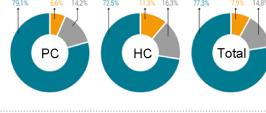
6 » In elderly patients with DM2, glycemic control targets must be individualized based on their biological, psychological, and social characteristics



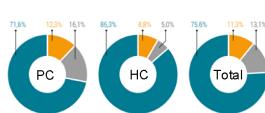
7 » The classification of elderly adults with DM2 as frail is fundamental in choosing glycemic control targets



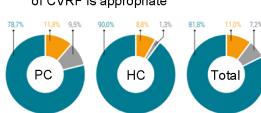
8 » The available clinical guidelines provide practical, useful recommendations for the specific evaluation of individuals with DM2 and frailty



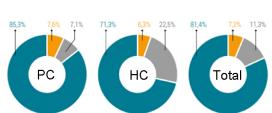
9 » In elderly patients, DM2 is a predisposing factor to the onset of sarcopenia



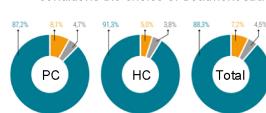
10 » In elderly patients over 80 years of age with DM2, it is necessary to evaluate if deprescribing/deintensifying antidiabetic treatment and treatment for the control of CVRF is appropriate



11 » Treating hypertension provides benefits even in patients with DM2 who are very elderly



12 » The fact that a patient with DM2 has some type of cognitive impairment (from a mild cognitive disorder to dementia) conditions the choice of treatment strategy



Disagree

Neither agree nor disagree

Agree

Figure S2. OAB questions on antidiabetic treatment deintensification (n = 296).

S2. What situations do you believe can be a reason for antidiabetic treatment deintensification once the risks and benefits have been evaluated?

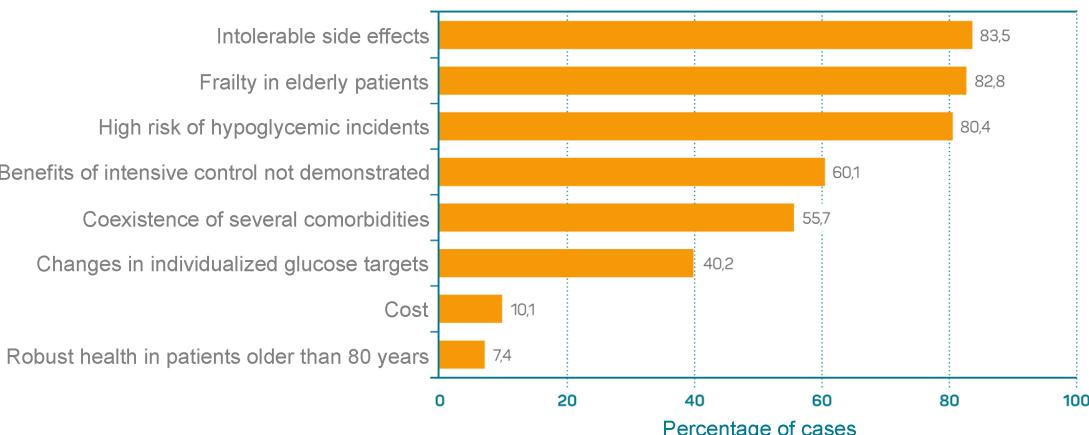


Figure S3. OAB question on the definition of elderly, frail patients (n = 296).

S3. What factors define an elderly patient as fragile?

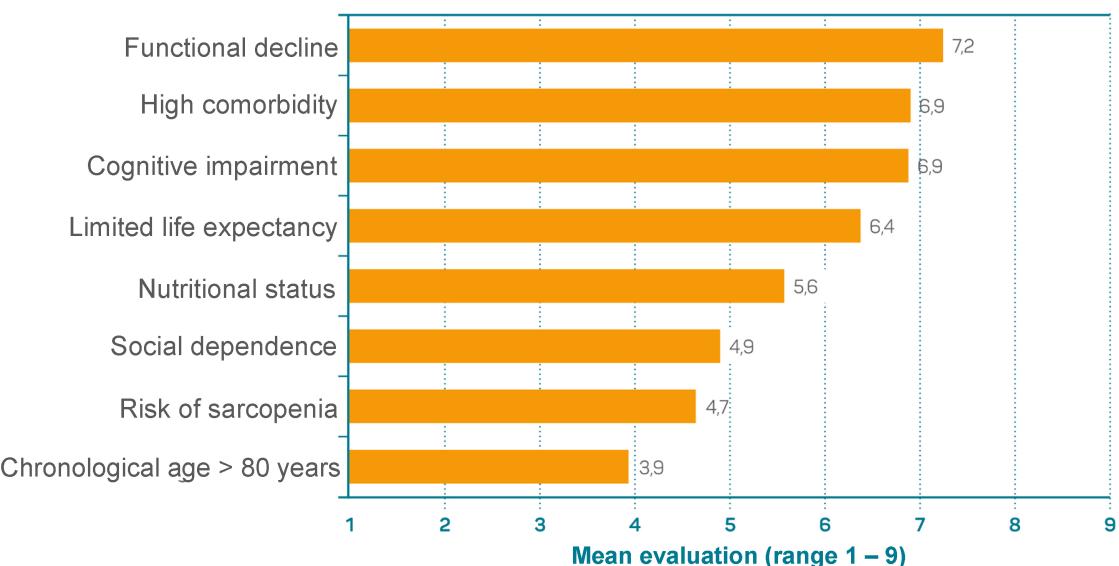
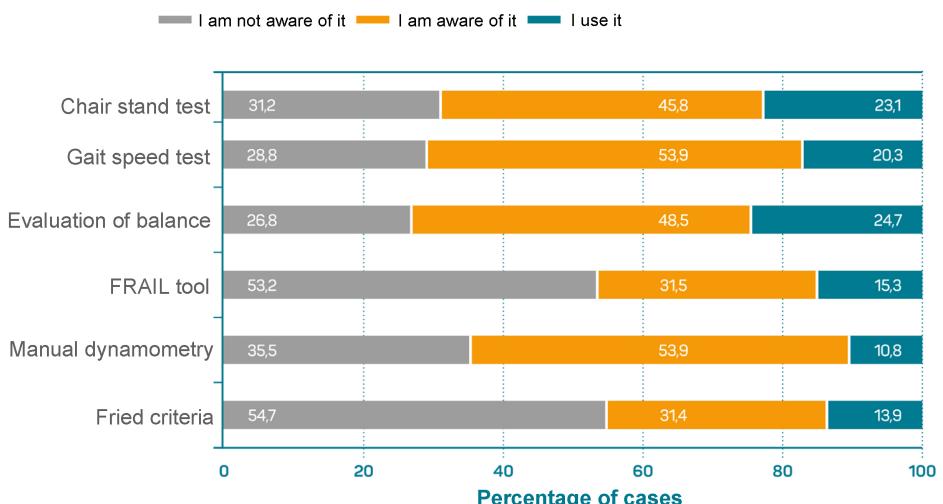


Figure S4. OAB question on frailty and sarcopenia assessment tools (n = 296).

S4a. Do you know of or use any of the following tests to assess frailty in your routine practice?**S4b. Do you know of or use any of the following tests to assess sarcopenia in your routine practice?**