The Global Partnership for Effective Diabetes Management advocates an individualised therapeutic approach and has identified specific type 2 diabetes patient subgroups that require special consideration and proposed practical advice for setting glycaemic targets and tailoring treatment management for these groups. A patient-centred approach has also been recommended by several other organisations, such as the Canadian Diabetes Association and the American Association of Clinical Endocrinologists, and more recently, this approach was included in the updated joint position statement of the American Diabetes Association and the European Association for the Study of Diabetes.

Key messages
- Good glycaemic control achieved safely and without delay remains the cornerstone of managing type 2 diabetes and plays a vital role in preventing or delaying complications.
- Treating a heterogeneous population of patients as a homogenous group is impractical and does not take into account the variety of factors that affect patients with type 2 diabetes.
- It is important to recognise that early and intensive glycaemic control to achieve near-normal HbA1c targets, while essential in some patient subgroups, is not applicable to every patient with type 2 diabetes.

Specific type 2 diabetes patient subgroups requiring special attention
- Newly diagnosed overweight or obese individuals
- Newly diagnosed lean adults
- Children and adolescents
- Newly diagnosed individuals with complications (micro- or macrovascular)
- Individuals with a history of inadequate glycaemic control (lean or obese)
  - History of inadequate glycaemic control but no complications
  - History of inadequate glycaemic control and CVD
  - History of inadequate glycaemic control and microvascular complications
- Individuals at risk of hypoglycaemia
- Type 2 diabetes and pregnancy
  - Women with pre-existing diabetes during pregnancy
  - Women with gestational diabetes

Table 1. Ten steps to get more type 2 diabetes patients to goal

- Aim for an appropriate individualised glycaemic target, for example, HbA1c 6.5%–7% (48–53 mmol/mol) (fasting/pre-prandial plasma glucose 110–130 mg/dL [6.0–7.2 mmol/L] where assessment of HbA1c is not possible) when safe and appropriate.
- Monitor HbA1c every 3 months in addition to appropriate glucose self-monitoring.
- Appropriately manage all cardiovascular risk factors.
- Refer all newly diagnosed patients to a unit specializing in diabetes care where possible.
- Address the underlying pathophysiology of diabetes, including the treatment of β-cell dysfunction and insulin resistance.
- Treat to achieve appropriate target HbA1c within 6 months of diagnosis.
- After 3 months, if patients are not at the desired target HbA1c, consider combination therapy.
- Consider initiating combination therapy or insulin for patients with HbA1c ≥ 9% (≥75 mmol/mol).
- Use combinations of anti-hyperglycaemic agents with complementary mechanisms of action.
- Implement a multidisciplinary team approach that encourages patient self-management, education and self-care, with shared responsibilities to achieve goals.