TRIGGERS FOR CONSIDERING SIMPLIFICATION	
Non-adherence and subsequent poor glycemic control	Reducing regimen complexity may aid adherence. Increased adherence has been associated with improved clinical outcomes compared with lower adherence rates
Presence of advanced comorbidities and a complex regimen, with subsequent increased risk of hypoglycemia	<ul> <li>Macrovascular complications (advanced CHD) or macroangiopathy (PVD, PAD, stroke)</li> <li>Microvascular complications (stage 4 and 5 CHD, advanced diabetic retinopathy/blindness and severe autonomic neuropathy)</li> <li>Simplification can reduce both the hypoglycemia risk and the burden of polypharmacy. The use of agents such as GLP-1 or SGLT-2is may offer cardiorenal protection</li> </ul>
Severe or frequent hypoglycemic episodes	Simplification may improve safety and QoL
Obesity and overweight	Simplification may improve safety, QoL and self-esteem, as well as prevent weight gain (or aid weight loss)
Cognitive impairment/ frailty/history of falls	<ul> <li>A simplified regimen may be easier to follow for an individual with impaired cognitive function, than trying to manage a complex insulin regimen</li> <li>Individual with frailty or substantial cognitive or functional impairments are less likely to reap the benefits of long-term intensive diabetes management</li> </ul>
Negative impact on QoL as a result of a complex regimen	Simplification may allow treatment to be more easily incorporated into daily life, thereby reducing psychological and emotional burden
Overtreatment	Overtreatment can result in marked increases in hypoglycemia
Limited life expectancy	<ul> <li>Reduced treatment complexity can sometimes accompany relaxation of glycemic targets</li> <li>Intensive lowering of blood glucose through a complex regimen may not be required if an individual has a limited life expectancy</li> <li>Simplification may ease the treatment burden and improve QoL</li> </ul>