

Diabetes Management for the Older Adult

Standards of Medical Care in Diabetes

2016 Revisions - Individual is not a “diabetic”: The scope of this section is more comprehensive, capturing the nuances of diabetes care in the older adult population, including neurocognitive function, hypoglycemia, treatment goals, care in skilled nursing facilities/nursing homes, and end-of-life considerations.

<http://care.diabetesjournals.org>

Type II Diabetes Self-Management Education Position Statement

2015 - Collaboration between ADA, AADE and Academy

<http://care.diabetesjournals.org/content/38/7/1372>

Recommendations For Older Adults Living with Diabetes

- Comprehensive assessments should be done to determine therapeutics targets
- Screening should occur for geriatric syndrome
- Consider depression screening & treatment
- Avoid hypoglycemia by adjusting targets and pharmacologic treatment
- If functioning well should be managed using same glycemic goals of younger adults
- Some may benefit from more relaxed glycemic goals - avoiding acute hyperglycemia and complications
- Screening for complications should be done
- Blood pressure and lipids should be treated individually
- Relax or withdraw therapies for blood pressure and/or lipids in palliative care
- Diabetes education for the LTC facility staff should be considered
- Individualize assessment based on clinical and functional status should be done to establish glycemic goals/medications
- End of life goals should ensure comfort, prevent distressing symptoms like hypoglycemia and preserve Q of L and dignity

Algorithm of Care

<http://care.diabetesjournals.org/content/38/7/1372.full.pdf>

