

SPECIAL CONSIDERATIONS FOR OLDER ADULTS WITH DIABETES

Diabetes is very common in older adults. The approach to management should be unique to each individual in this age group. Diabetes in adults 65 years and older is associated with higher risks of complications and other harmful side effects than diabetes in younger people.

Older adults often have one or more co-existing conditions like cognitive impairment, cardiovascular disease and others that impact diabetes education and management.

FUNCTIONAL STATUS

A person's ability to perform normal daily activities required to meet basic needs, fulfill usual roles and maintain health and well-being. Functional status is complex and varies for everyone. Aging and diabetes can impair a person's functional status.

	<p>Activities of Daily Living (ADLs) are every day personal activities that are fundamental to caring for oneself and maintaining independence.</p> <p>Ex: Bathing, dressing, grooming, walking, and eating.</p>	VS	<p>Instrumental Activities of Daily Living (IADLs) are activities related to independent living and for evaluating whether a person with an early-stage disease can care for oneself.</p> <p>Ex: Shopping, cooking, housework, managing finances, driving, or using public transportation.</p>	

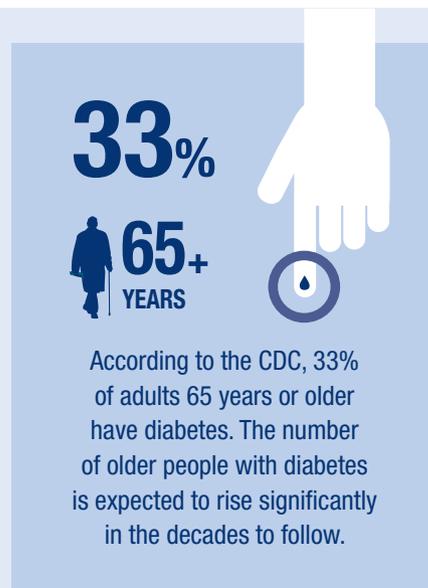
COLLABORATIVE CARE

Collaborative care is very important for all people living with diabetes. However, it is extremely critical for some older adults who have complex health care needs.

Some important care considerations include:

- Supporting "at home" needs
- Monitoring interactions between medications
- Preventing falls
- Family or community support
- Access to proper medications and food

Your primary care doctor, geriatrician, diabetes educator, endocrinologist, nutritionist, and social worker work together to make sure all aspects of care are carefully developed to achieve personal goals and to prevent short and long-term complications.



Visit hormone.org for more information.

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Developed for patients based on *Treatment of Diabetes in Older Adults:*

An Endocrine Society Clinical Practice Guideline

RECOMMENDED ASSESSMENTS AND SCREENINGS

The treatment of diabetes in adults 65 years and older should be based on the assessment of your overall health and other medical conditions. Glycemic targets should be a shared decision with your healthcare team and tailored to each individual.

GENERAL HEALTH ASSESSMENTS:

-  **ADLs** Functional Status (ADLs/IADLs)
-  **Mental Health Screening**
-  **Screening for Cognitive Impairment and Dementia**
-  **Frailty & Physical Exam**
-  **BMI** Body Mass Index (BMI)
-  **Lifestyle Assessment**
-  **Medication Review**
-  **Cancer Screening**
-  **Hearing Test**

GENERAL HEALTH TESTS:

-  **EKG** Electrocardiogram (EKG): used to evaluate the condition of your heart
-  **Lipid Panel:** measures the amount of cholesterol and fats in the blood
-  **Bone Mineral Density**
-  **Abdominal Aortic Aneurysm (AAA) Ultrasound:** an abdominal screening to help check for kidney stones, liver disease, tumors and many other conditions
-  **A1c** Hemoglobin A1C test, oral glucose tolerance test, and fasting blood glucose test are used to diagnose diabetes or prediabetes. These tests estimate your average blood glucose level over the past 3 months.

DIABETES-SPECIFIC ASSESSMENTS:

-  **Eye Exam (Retinopathy)**
-  **Kidney Screening (Nephropathy)**
-  **Nerve Damage (Neuropathy)**
-  **Medical Nutrition Therapy**
-  **Diabetes Self-Management and Training**

TIPS FOR DIABETES CARE

- Talk honestly with your healthcare team.
- Develop a healthy eating plan.
- Consistently monitor blood glucose levels to ensure you are reaching your recommended target range.
- If you are prescribed new medication or diabetes care management devices, make sure you ask your healthcare provider for the appropriate training.
- Communicate any small muscle (fine motor) issues like in hands or fingers with your healthcare team.
- Find exercises that match your level of activity or exercises that can be worked into your daily routines.



QUESTIONS TO ASK YOUR HEALTHCARE PROVIDER

Diabetes management goals will not be the same for everyone and may change over time. It is important to talk honestly with your healthcare team to have the best outcomes and prevent complications. Questions to ask your doctor may include:

- What should be my target goal for managing blood glucose and hemoglobin A1c?
- How can I prevent diabetes complications?
- How can I prevent low blood sugar?
- How often should I see an endocrinologist and other specialists?



65
YEARS

The medication regimen should be simplified for many adults 65 years and older to improve adherence and prevent treatment-related complications.

Patients have questions. We have answers.

Endocrine Society is your trusted source for endocrine patient education.

Our free, online resources are available at endocrine.org/patient-engagement

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