

Older Adults and Diabetes

Preface

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What do Tom Hanks, Paula Dean, Paul Sorvino, Randy Jackson, Mike Huckabee, Delta Burke, Billie Jean King, Patti LaBella, Larry King, Drew Carey, and Earl “The Pearl” Monroe have in common, aside from being famous? They are all 50+ years of age and living with type 2 diabetes. Yes, when Hanks announced in 2013 that he has type 2 diabetes, he joined a growing list of celebrities and millions of other Americans with this diagnosis.

According to the American Diabetes Association (ADA), nearly 26 million people in the United States are living with diabetes, and seniors have more diabetes than any other age-group; 10.9 million people \geq 65 years of age (26.9%) have diabetes. Additionally, prediabetes is common, with an estimated 50% of people in this age-group affected.¹ The elderly constitute the largest population seeking care for diabetes. Yet resources are marginal with regard to their particular diabetes care concerns, which are age-specific and often accompanied by multiple comorbidities.

The quality of life for seniors living with diabetes can be affected by diabetes in many ways. Diabetes is a leading cause of morbidity and mortality. Cardiovascular disorders, retinopathy, nephropathy, and neuropathy are complications that can lead to heart disease, blindness, end-stage renal disease, and lower-limb amputations, respectively. Depression is commonplace (a 60% increased risk for individuals with type 2 diabetes) and can complicate diabetes management.¹ People with diabetes who are \geq 60 years of age are two to three times more likely to report an inability to walk a distance of one-fourth of a mile, climb stairs, or do housework

compared to people without diabetes in the same age-group, and thus they face limitations in terms of physical activity.¹

To compound these concerns, evidence is insufficient to determine the best practices and the most cost-effective approaches to preventing and treating diabetes in the older adult population. In 2012, an ADA expert panel was convened to address these issues by considering available scientific evidence and expert opinion. Evidence identified by the panel included aspects of the pathophysiology of diabetes that are unique to the older population, clinical trials and observational data regarding the effectiveness of core diabetes treatments in older adults, and the need to consider multiple variables when individualizing goals for diabetes therapy in this heterogeneous population. The expert panel made recommendations regarding necessary adjustments in treatment approaches based on age-related differences in responses to or safety of various therapies, as well as special considerations necessary to address the specific support needs that are more common to the older population. These considerations include the need for strategies to overcome cognitive, motor, and visual deficits and the importance of caregiver influence to promote optimal outcomes.

Needless to say, the expert panel's consensus report,² which emphasized that diabetes management in older adults is both challenging and necessary, stimulated a great deal of conversation about such issues. It underscored the need for health care providers to communicate with their elderly patients and, in many cases, members of patients' support network, to engage both providers and

patients in preventive care practices and to safely control glycemia, blood pressure, and lipids to reduce the occurrence of complications in this population.

I am honored to serve as guest editor for this important *Diabetes Spectrum* From Research to Practice section on diabetes in older adults. However, pulling it together has not been without its difficulties. One reason, which I have already mentioned, is the paucity of evidence-based information regarding diabetes management in this age-group. Another reason is that the researchers, clinicians, and practitioners in this arena are few in number and have exceptionally demanding schedules. That said, we are especially grateful to the expert authors who have contributed to what we believe is a strong collection of articles on this topic.

In our first article (p. 9), Ruban Dhaliwal, MD, and Ruth S. Weinstock, MD, PhD, review the management of type 1 diabetes in older adults. Available data suggest that type 1 diabetes management has improved; individuals with type 1 diabetes are now living into the later decades of life. Their increased longevity necessitates that their diabetes care plans must take into consideration aging-related changes that can affect their functional status and ability to self-manage their disease. This article highlights the importance of adapting treatment regimens and management goals to meet the changing needs of aging patients. Addressing these issues has implications for improving the health and quality of life of older adults and reducing their health care costs.

In our second article (p. 20), Brian J. Gates, PharmD, and Kevin M. Walker, PharmD, review the physiological changes associated with aging that have potential to affect the treatment of diabetes. While acknowledging the limited scientific evidence regarding diabetes treatment in geriatric patients, they provide greater insight into the risks and ben-

efits of various treatments and review new recommendations for setting appropriate therapy targets and individualizing diabetes care for patients in this age-group.

Nutrition is always a concern for the older adult population, especially because of the many factors that can affect nutrition status, including poor appetite, altered taste sensation, decreased sense of smell, swallowing difficulties, impaired thirst mechanisms, constipation or diarrhea, functional or cognitive impairments, depression, and polypharmacy. In our third article (p. 29), Kathleen Stanley, CDE, RD, LD, MSED, BC-ADM, addresses all of these nutrition-related concerns, integrating recommendations for how to conduct a thorough nutrition assessment and develop an appropriate nutrition plan for an older adult with diabetes.

Our fourth article (p. 37), by Linda B. Haas, PhC, RN, CDE, provides a timely discussion of the care of older adults with diabetes in skilled nursing facilities. Approximately 25% of all residents in skilled nursing facilities have diabetes, and this percentage is expected to increase as the general population ages and the life expectancy of people with diabetes expands. People residing in such facilities have unique needs that must be addressed in their care plans.

Our final article (p. 44) from Elizabeth A. Beverly, PhD, and her colleagues, focuses on the value of listening to older adults' values and preferences with regard to their diabetes care. This can be a particular challenge because of the many distractions and conditions that clinicians must contend with when elderly patients present for treatment, but it should be a priority when developing a care plan to which older patients will be able to adhere.

To aid busy clinicians and practitioners with developing such plans of care for older adults with diabetes, the ADA in 2012 launched the Senior Signature Series. Managing diabetes requires patients to work as part of

a team to keep their diabetes in control. The Senior Signature Series is an excellent resource for information and educational materials about living a healthy life with diabetes. The series includes, in some areas of the country, half-day educational events for individuals ≥ 50 years of age to learn more about diabetes, numerous resources and helpful materials, and health screenings. Specific education brochures and pamphlets have been developed to accompany the series. One of the goals of the Senior Signature Series is to educate older adults about working with their diabetes management team to live healthy lives with diabetes. Some of the educational materials are offered not only in English, but also in Spanish and Chinese. More information can be found on the ADA website (<http://www.diabetes.org/in-my-community/awareness-programs/older-adults>).

I hope this research section provides updated information that will be reflected in the way you, our readers, treat and manage diabetes in the older adult population. These articles could not have come at a more opportune time as our health care system struggles to deal with the management of diabetes and other chronic diseases. Diabetes management for seniors is evolving as we begin to understand their unique concerns and how those concerns influence their diabetes treatment goals. By understanding and acting on those concerns, we will improve quality of life for our senior patients living with diabetes.

References

- ¹Centers for Disease Control and Prevention: National diabetes fact sheet: general information and national estimates of diabetes in the United States, 2011. Atlanta, Ga., U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011
- ²Kirkman MS, Briscoe VJ, Clark N, Florez H, Haas LB, Halter JB, Huang ES, Korytkowski MT, Munshi MN, Odegaard PS, Pratley RE, Swift CS: Diabetes in older adults: a consensus report. *J Am Geriatr Soc* 60:2342–2356, 2012