

Diabetes: A Challenge for 20% of Seniors

Diabetes affects one out of five people over the age of 65, and when it is inadequately managed or worse, undetected, it can lead to serious physical and emotional complications with social and financial consequences.

There are two types of diabetes. Type 1 requires insulin one or more times daily with dietary management, and Type 2 is controlled with oral medications and/or diet. The first step is the proper diagnosis of diabetes, which should be part of each senior's annual physical examination. Once the disease is identified, thorough education about diabetes and its management is essential for good blood sugar control. Studies have shown that 50% of people hospitalized for diabetes had inadequate education to properly manage their condition.

Because effective diabetes management requires a number of complex, interrelated activities, it can be a major challenge for elders who have impaired cognition, vision, dexterity, mobility, education or inadequate family support. The necessary components for successful diabetes management include:

- Home blood glucose testing and data interpretation
- Administration of insulin or oral medications
- Adjustment of medication during episodes of illness
- Dietary modifications
- Exercise management

- Recognition and treatment of high and low blood sugar
- Foot protection and skin care
- Physician visits and reports of abnormalities

It is obvious from this list that learning to manage diabetes takes strong mental effort, ongoing practice and much support. Many clinics, hospitals and health plans have registered nurses with special expertise in diabetes management called Certified Diabetic Educators (CDE). They are very effective in working with people of all ages who need to learn to manage their disease. However, with the frail elderly, who may have difficulty getting to the appointments, remembering the information or manipulating the equipment, additional resources may be needed.

People who are "homebound," a Medicare term meaning the person goes out only to medical appointments, may qualify for in-home teaching and monitoring by a Medicare-certified home health care nurse for a few weeks. However, Medicare does not pay for home care services for people who are not homebound, nor to fill insulin syringes beyond the initial period of stabilization.

Geriatric Care Managers fill a gap for seniors lacking strong family support to supplement the diabetic teaching and management. First, the knowledgeable Geriatric Care Manager

will ensure that each client is tested for diabetes annually by discussing this issue with the treating physician.

When diabetes is diagnosed, the Care Manager will ensure that the client receives education from a CDE. While Care Managers may not perform the daily diabetic management tasks, they can determine what tasks the client is competent to do and then arrange for the other tasks to be done by qualified medical professionals at a reasonable rate. Care Managers also ascertain the client's knowledge deficits and provide reinforcement of the teaching provided by the CDE.

Another area in which the Care Manager can be helpful is working with the client to plan appropriate daily menus, prepare a grocery list, and arrange for the purchase and preparation of diabetic meals. The Care Manager will also ensure that the client sees the specialty physicians as needed to monitor vision, circulation and other pertinent needs. In some situations, the Care Manager may recommend that the client move to a senior facility where services to help manage the disease are more readily available.

While one never recovers from diabetes, it is fully possible to manage the disease to prevent the possible complications of blindness, kidney failure, foot sores with resulting amputations, heart disease, stroke and infections.

Guidelines for Routine Diabetic Care

as recommended by the American Diabetes Association

TYPE OF EXAM

Doctor office visit including diabetic management, foot exam, height, weight and blood pressure check
Retinal eye exam
Foot exam
Diabetes education update
Dental visit

FREQUENCY

Every 3-6 months, based on health status
Every year
Every doctor's visit
Every year
Every 6 months

TYPE OF TEST

Glycosolated hemoglobin (HbA1c) 6.0% to 7.5%
Total Cholesterol Under 200
LDL Cholesterol Under 130
HDL Cholesterol Men: 35 or higher; Women: 45 or higher
Triglycerides Under 200
Urinalysis (UA) No protein, bacteria, sugar, white or red blood cells in urine
Microalbuminuria No albumin in urine
Blood pressure Under 130/85

FREQUENCY

Every 3 months, can reduce to 2 times/year when stable
Every year
Every year
Every year
Every year
If UA is negative for protein
Every office visit

TYPE OF IMMUNIZATION

Flu shot-influenza
Pneumovax
Tetanus

FREQUENCY

Every fall
One time only
Every 10 years