

ABSOLUTE SCOOP

Quick Tip

To help reduce the risk of hypoglycemia, the ADA recommends using continuous glucose monitoring (CGM) for older adults with Type 1 DM and Type 2 DM on insulin therapy.



DIABETES CARE IN OLDER ADULTS

Written by Deanna Merrick, PharmD, BCGP, BC-ADM, Consultant Pharmacist

Did you know?

Among older adults (≥ 65 years old) with Type II DM, the prevalence of “diabetes overtreatment” ranges from 26–40%. “Diabetes overtreatment” is defined according to an HgbA1c $< 7\%$ in patients using insulin or sulfonylureas.

The American Diabetes Association 2026 Standards of Care refers to overtreatment as “intensive glycemic management with medication plans, including insulin and sulfonylureas, in older adults with complex medication conditions.”

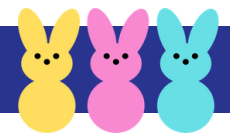
Hypoglycemia

Prevention of hypoglycemia should be a main priority in our older adults. Hypoglycemia is categorized at a glucose level $< 70\text{mg/dL}$. Providers should be notified anytime a resident’s blood glucose falls below 70mg/dL .

Older adults are at a higher risk for hypoglycemia for several reasons, including irregular meal intake, declining kidney function, recent episodes of hypoglycemia, basal insulin therapy, polypharmacy, and others. Older adults are particularly vulnerable to hypoglycemia because of their reduced ability to recognize hypoglycemia symptoms and communicate their needs to staff. Common symptoms of hypoglycemia (shakiness, irritability, confusion, tachycardia, sweating, and hunger) are frequently seen in the older adult population. These symptoms can be misinterpreted by staff as being associated with other disease states or problems such as atrial fibrillation, dementia, or infection.

To help reduce the risk of hypoglycemia, the ADA recommends using continuous glucose monitoring (CGM) for older adults with Type 1 DM and Type 2 DM on insulin therapy. Make sure low glucose alarms are set on these devices; they are customizable and can be set at higher levels if that works best for the resident.

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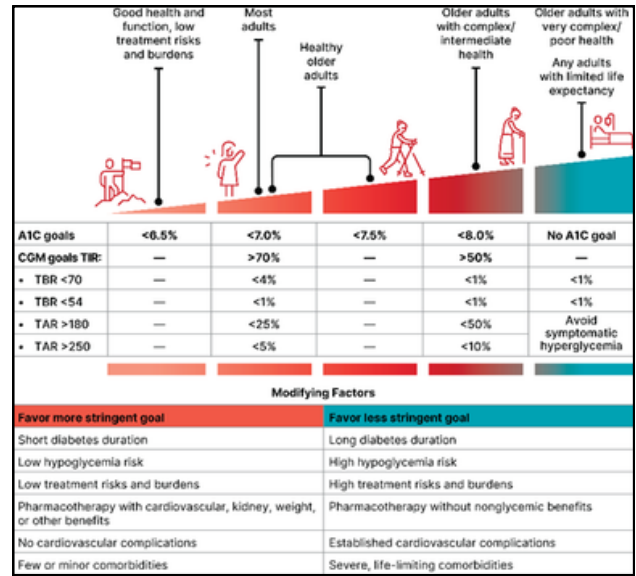


Pharmacologic Treatment:

The American Diabetes Association recommendations (endorsed by American Geriatrics Society) focus their recommendations on medication treatment with a low risk of hypoglycemia. Deintensify hypoglycemia-causing medications (e.g., insulin and sulfonylureas) or switch to a medication class with a lower risk of hypoglycemia. NOTE: Being on insulin does not automatically prevent a patient from transitioning to other options. Many newer agents as well as some older ones (e.g. Metformin) carry a low risk of hypoglycemia and can be excellent options for older adults.

Treatment Goals:

Treatment goals and pharmacologic treatment options should be regularly reevaluated in our patient population. Older adults with very complex or poor health receive minimal benefit from stringent glycemc goals. Clinicians should focus on preventing hypoglycemia and symptomatic hyperglycemia.



About the Author



Outside of work, Deanna enjoys traveling, spending time with her dog, Sloopy and husband, Kyle while sipping tequila and supporting Inter Milan.

Deanna Merrick, PharmD, BCGP, BC-ADM is a clinical consultant pharmacist. She started her Absolute career in operations in the spring of 2016. Her clinical knowledge quickly made her the best qualified candidate to be added to the consulting team in January 2019. She is passionate about appropriate disease state management and medication optimization. She has recently attained advanced credentialing in diabetes management which is impacting consulting practice at Absolute. She is a graduate of The Ohio State University and a diehard Buckeye fan.

What do you call a bunch of rabbits walking away from you?

A receding hare line.



Why did the Easter egg hide?

It was a little chicken.