

Ask the Geriatrician

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Doctor and Patient Communication - How to Talk to Your Doctor

David A. Smith, M.D., FAAFP, CMD, Geriatric Consultants of Central Texas, P.A.

Sometimes appointments with doctors can seem rushed or confusing. Learn from a doctor's perspective the best way to get the most out of each visit with your physician and what questions to ask. The time you have with your physician is short - there's not a second to waste.

Alters

4/22/2011 9:40 PM CDT Length: 00:52:55



OR

You may also phone or text your questions to (210) 889-1285



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The Harsh Realities of Diabetes and the Elderly







What is Diabetes?

Type 1 diabetes develops when the body's immune system destroys pancreatic beta cells. This patients must have insulin delivered.

Type 2 diabetes usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce it.



Signs and Symptoms

Excessive thirst







Fatigue

Unplanned weight loss







> Blurred vision



Risk Factors

≻Age

Family History

Race or Ethnicity

Sedentary lifestyle

Obesity

Metabolic syndrome



Metabolic Syndrome

> If 3 of 5 of the listed characteristics are present:

> Triglycerides: > 150 mg/dL,
> HDL cholesterol: < 40 mg/dL in males or < 50 mg/dL in females,
> Blood pressure > 130/85 mm Hg,
> Fasting plasma glucose >100 mg/dL,
> Waist circumference ≥ 102 cm or 40 inches (male), ≥ 88 cm or 36 inches(female), or BMI > 30 kg/m².



Percentage of Obesity in USA



Why I Should Know About Diabetes?

>25.8 million diabetics in USA

>8.3% of the U.S. population

DIAGNOSED: 18.8 million

>UNDIAGNOSED: 7.0 million

>35% of U.S. adults had prediabetes, 50% of adults ≥ 65



Source: 2005–2008 National Health and Nutrition Examination Survey.

Why I Should Know About Diabetes?

Diagnosed and undiagnosed diabetes



Why I Should Know About Diabetes?

Diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness.

Diabetes is a major cause of heart disease and stroke.

Diabetes is the seventh leading cause of death.



Diabetes Diagnosis by Race/Ethnicity

- >7.1% of non-Hispanic whites
- 8.4% of Asian Americans
- >11.8% of Hispanics
- >12.6% of non-Hispanic blacks

>Among Hispanics:

 7.6% for both Cubans and for Central and South Americans
 13.3% for Mexican Americans
 13.8% for Puerto Ricans



Source: 2005–2008 National Health and Nutrition Examination Survey.

Complications

- Heart disease was on 68% of diabetes-related death certificates of people aged \geq 65.
- In 2004, stroke and heart disease death rates were about 2 to 4 times higher than adults without diabetes.
- In 2005–2008, 4.2 million (28.5%) people with diabetes ≥40 years had diabetic retinopathy.
- Diabetes is the leading cause of kidney failure, accounting for 44% of all new cases of kidney failure in 2008.
- About 60% to 70% of diabetics have mild to severe forms of nervous system damage.
- More than 60% of non-traumatic lower-limb amputations.



Glycemic Targets

>Hyperglycemia increases dehydration and impairs vision and cognition, contributing to functional decline and an increased risk of falling.

Side effects of diabetes treatment, most notably hypoglycemia, can result in traumatic falls and exacerbation of comorbid conditions.

➢ Goals for glycemic control should be based upon the individual's overall health and projected period of survival, since the risk of complications is durationdependent.



Glycemic Targets

The appropriate target for A1C in fit elderly patients with a life expectancy of >10 years should be <7.0%.</p>

ACCORD trial suggested that a target A1C of 7.0 to 7.9% may be safer for patients with long-standing diabetes with high risk for cardiovascular disease.

The goal should be ≤8.0% in frail older adults with medical and functional co-morbidities and in those whose life expectancy is <10 years.



Avoiding Hypoglycemia

- The risk of hypoglycemia may lead to impaired cognition and function.
- Older adults may have more neuroglycopenic manifestations.
- May also increase the risk of adverse cardiovascular events.





Lifestyle Modification

In the Diabetes Prevention Program (>60 years of age at baseline) had the greatest improvement in glycemia over time.

- These data suggest that older persons can respond well to lifestyle programs.
- All elderly patients with diabetes should receive a medical nutrition evaluation.



Drug Therapy

- Start low and go slow" is a good principle to follow when starting any new medications in an elderly adult.
- Elderly patients who do not have contraindications we prefer to initiate therapy with metformin.

In patients with contraindications a DPP IV inhibitor like Sitagliptin or a short-acting sulfonylurea (eg, glipizide) are alternative options.



Drug Therapy

Insulin is sometimes underutilized in the elderly because "it is too complicated or dangerous".

With the availability of long-acting insulins, it has become easier to use once daily long-acting insulin as monotherapy or add once daily insulin to oral hypoglycemic medications.



Retinopathy

- Regular eye examinations are important because poor vision can lead to social isolation, an increased risk of accidents, and impaired ability to measure blood glucose and draw up insulin doses.
- A complete ophthalmologic examination should be performed at the time of diagnosis and yearly.
- The purpose is to screen not only for diabetic retinopathy but also for cataracts (twice as common) and glaucoma (thrice as common).





Nephropathy

All patients with diabetes should be screen for microalbuminuria annually.

Effective therapy for diabetic nephropathy with angiotensinconverting enzyme (ACE) inhibitors.



Foot Problems

Foot problems are an important cause of morbidity in patients with diabetes, and the risk of them is much higher in older patients.

Both vascular and neurologic disease contribute to foot lesions.

Prevalence of diabetic neuropathy in patients with type 2 diabetes is 50% in patients over age 60 years.



Foot Problems

- More than 30% of older diabetic patients cannot see or reach their feet, and may therefore be unable to perform routine foot inspections.
- We recommend that elderly diabetic patients have their feet examined at every visit.





Cardiovascular Risk

- Coronary heart disease is by far the leading cause of death in elderly patients with diabetes.
- Risk reduction should be focused upon the following areas:
 - Smoking cessation
 - Treatment of hypertension
 - Treatment of dyslipidemia
 - Aspirin therapy
 - > Exercise



Treatment of Dyslipidemia

Recommend use of a statin drug (unless contraindicated) to lower cholesterol in all elderly diabetics with a persistent LDL cholesterol value above 100 mg/dL.

In patients with diabetes who already have cardiovascular disease, a goal LDL of 70 mg/dL.



Treatment of Hypertension

- If an older adult has DM and requires medical therapy for hypertension, then the target blood pressure should be less than 130/80.
- There is strong evidence that drug therapy for blood pressure management reduces cardiovascular events and mortality in middle-aged and older adults.
- Intensive control approximately 128/75 slows the progression of diabetic nephropathy and retinopathy.





> Exercise is beneficial.

- In older adults, improves body composition and arthritic pain, reduces falls and depression, increases strength and balance, enhances the quality of life, and improves survival.
- Studies of frail elderly people have shown that weight training should be included.



Common Geriatric Syndromes Associated with Diabetes

- Cognitive impairment
- Depression
- Polypharmacy
- Falls
- > Urinary incontinence
- > Pain



Diabetes Mellitus Education

- Persons with DM, family members and caregivers, should be given the following information about hypo- and hyperglycemia :
 - precipitating factors
 - prevention
 - symptoms and monitoring
 - treatment
 - when to notify a member of the healthcare team.





To Access Resources:

Click on the "paperclip" button above the video player to open links to resources.



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