

Care of Older People with Diabetes

Caring for older people with diabetes requires special thought and consideration. The older individual is more likely to have other health problems and may be taking a variety of medications.

Knowledge of the different types and actions of the medications used in the treatment of this complex disease will aid the caregiver in preventing potentially serious complications from occurring. Some oral medications may cause a low blood sugar, especially if not taken with food.

Knowledge of the medications that lower blood glucose levels will guide the caretaker in ensuring that meals/snacks are provided to the person on time, and more importantly, that a minimum amount of carbohydrates are eaten. The meal should be well balanced to maintain optimal health and blood sugars.



Adequate fluid intake is also important in older people with diabetes. Poor hydration can be a cause of hyperglycemia. It can also make it more difficult to obtain a blood sample. It is important for the caregiver to monitor fluid intake and output, especially if the person has kidney issues.

Hyperglycemia, or high blood sugar, occurs when the blood sugar levels rise above the target level. Blood sugar levels rise after meals but should not be more than 50 points higher than the pre-meal blood sugar. Symptoms of a high blood sugar include thirst, frequent urination, tiredness or fatigue, hunger and irritability. Common causes of high blood sugar are eating too many carbohydrates, not enough medication or missed doses of medication. Infection or stress may also cause elevation of blood sugar levels.

Hypoglycemia, or low blood sugar, is when the blood sugar level drops below 70mg/dl. Symptoms include sweating, shakiness, nervous, irritability. If untreated, it can lead to confusion or unconsciousness. An older person may not recognize or be able to verbalize the symptoms. Therefore, it may be the caretaker who notices first. Treatment should be initiated quickly. If possible, check the blood glucose level and then provide 15 gms of rapid acting sugar: half a cup of juice, 3- 4 glucose tablets, or glucose gel. Recheck the blood sugar in 15 minutes to be sure that it is above 70mg/dl. Depending on the person's treatment regimen, a small snack may be necessary to make sure the level does not drop again.



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Hyperosmolar hyperglycemic non-ketotic syndrome coma can arise in older people with type 2 diabetes, especially if infection or severe dehydration are present. Symptoms include extreme confusion and loss of consciousness. Blood sugars can rise above 1000mg/dl! Immediate hospitalization is required to reverse this emergency.



Keep Your
Toes Dry

Look at Your
Feet Every Day

Foot Care

Foot Care is an important aspect of diabetes care. Some older adults need assistance with maintenance tasks, such as clipping their toenails. With long standing diabetes, loss of sensation in the feet may be present. Pain associated with injuries to the feet may be diminished or absent. Regular inspection of the feet, checking between the toes for athlete's foot (fungus), looking for cuts, sores or injuries is very important. It should be incorporated with the daily bathing routine. Podiatrist services for regular nail care are needed to help prevent ingrown toenails. Podiatrists are also needed for care of calluses or warts. Foot wound care should never be attempted by family members. Foot infections can develop rapidly and may enter the bone, leading to **osteomyelitis**. This condition must be treated promptly by a healthcare team and include I.V. antibiotics and daily wound care. If not treated promptly and properly, may lead to amputation.

Exercise

Exercise is important for older people with diabetes. Exercise can be short walks or chair exercises under supervision. Exercise helps utilize glucose better. It can also increase mobility and may also increase feelings of self-worth. Older people should be encouraged to engage in group activities, where possible, and to perform self-care activities as long as possible.