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Title of the lecture: Guidelines for treatment of Diabetes in elderly

The diabetes treatment in the elderly is an individual therapy. The target blood sugar and HbA1c levels should depend on patient's age, feeling of well-being, functional status and life expectancy. While the therapy goals of chronological old diabetics, free of other major comorbidities are the same as by the younger patients, the main therapy goals of multimorbide, frail geriatric diabetics is to minimize the risk of hypoglycaemia and metabolic decompensation, and enhance therapy compliance. For frail older adults with very limited life expectancy (= 5 years), strategies for reducing medical burden, improving function and moderate glucose control (HbA1c approximately 8%) is reasonable and sufficient to control hyperglycaemic symptoms. The management of diabetes therapy in age includes besides education, nutrition, exercise and drug therapy, the diagnosis and treatment of common geriatric syndromes, like depression and dementia that may hinder an effective diabetes treatment. To the particularities of diabetes treatment in the elderly belong a balanced, varied diet adapted to patient's needs rather than a special "diabetes diets", the use of oral antidiabetics with low risk on inducing hypoglycaemia (e.g. metformin), and the noble indication for use of premixed insulin, when insulin therapy is needed. Always concerning the individual needs and characteristics of our geriatric diabetic patients, the challenge of geriatric diabetology is to improve the patient's well being and his/her quality of life.

Short bibliography :

- 1) EUGMS Clinical Guidelines for Type 2 Diabetes Mellitus, <http://www.eugms.org>
- 2) Guidelines of diabetes treatment in the elderly by German Geriatric Society, <http://www.dggeriatrie.de/download/LeitlinieDiabetes2005.pdf>