

Diabetes in elderly

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DIABETES IN ELDERLY

- Dr Ashwini Sarode

Diabetes is a major global health problem. It is a common problem in older people. Approximately 25% of population above 65yrs develop diabetes mellitus and 50% of patients are unaware that they have diabetes. This means around 12million senior citizens have diabetes. This is a very alarming number. What's more alarming is that these numbers are expected to increase by threefold by the year 2050 as the population of older people are increasing and incidence of diabetes is increasing in all age groups.

Are older people more at risk of developing diabetes?

Yes, older people are more at risk of developing diabetes. There are several factors that contribute to high prevalence of diabetes in elderly.

- Elderly people are exposed to sugar longer than other generation so they are at higher risk of developing Type 2 diabetes.
- Certain studies have shown that Type 2 diabetes in elderly adults has a strong genetic predisposition. Elderly patients with a family history of diabetes are more likely to develop the disease as they age.
- Also, there are plenty of age-related changes that occur in glucose metabolism. This along with certain genetic components, predisposes one to higher risk of developing type 2 diabetes with increasing age.
- Lifestyle factors play an important role too. Obese (overweight) individuals, people who are inactive and those with unhealthy diet are at more risk of developing diabetes as they age.
- Certain hormonal changes that occur due to aging like decrease in testosterone levels in men and increase in testosterone levels in women are associated with increased risk of diabetes.

Are the symptoms of diabetes in elderly patients same as in younger patients?

Elder patients often present with different signs and symptoms of diabetes than younger patients but most of the times they will not have any symptoms. Changes due to ageing can mask some of the symptoms of diabetes. The most common symptoms of passing more urine or feeling excessively thirsty are not very obvious in elder patients. Also symptoms of feeling tired or lethargy or changes in weight can be misinterpreted easily as part of normal aging process. This can be the reason for delayed diagnosis of diabetes in older people.

What are the adverse effects of high blood sugar in the body?

High glucose levels in the blood for longer duration can cause enormous damage to nearly every major organ in the body, including:

- Kidney damage (Diabetic Nephropathy) leading to kidney failure
- Artery damage which is the cause for strokes and heart attack
- Nerve damage causing tingling, burning and numbness of hands and feet (Diabetic Neuropathy)
- Eye damage (Diabetic Retinopathy) leading to blurring of vision and even loss of vision
- Decreased blood circulation to hands and feet (peripheral vascular diseases)
- Foot infections, delayed wound healing and increased chances of amputation of limbs
- Erectile dysfunction (impotence; sexual problems) in men.

What are the associated problems that occur due to diabetes in elderly?

Elderly people with diabetes are at increased risk of developing depression and impaired cognitive function. They are also at higher risk of developing Dementia and particularly Alzheimer's disease.

Also, reduced physical strength and muscle weakness, fatigue, urinary incontinence, vision and hearing loss are some of the other common problems encountered in these patients.

One more serious problem is having frequent falls which can cause grave injuries. Older people are as such prone for falls but diabetes increases the risk even further. This is because diabetes can affect the vision. It can affect the balance and also sensations in the feet. Older people with diabetes are on multiple medications which is also a risk factor for falls.

Apart from these, older patients often feel socially isolated and face financial problems.

How do other health conditions affect diabetes in older people?

Older people have other coexisting health conditions associated with diabetes. Common ones are high blood pressure and high cholesterol levels. All these combined together can put the patient at higher risk of developing sudden heart attacks, strokes, kidney failure and vision loss. Hence it is very important that one should consult your doctor at regular intervals to ensure that your BP and Cholesterol levels are well maintained.

Also, there is increased chances of cancer in older people. These patients are very weak and fragile and suffer with decreased appetite and weight loss. Managing diabetes in such patients is a major challenge for your doctor.

What is hypoglycemia and why should you be cautious of it?

Hypoglycemia is a condition wherein the blood sugar drops down to below the normal range. This happens when the blood sugar is very tightly controlled. Hypoglycemia occurs commonly in older people but can be dangerous sometimes. Older patients may not experience milder symptoms of

hypoglycemia (like dizziness, blackouts, shaking of hands and legs, sweating, palpitations) which can warn them to take precautionary measures like consuming extra sugar. Due to lack of these symptoms, patients will not get the awareness of low blood sugar in the body. When the blood sugar drops down to critically lower levels, patients may become confused and irritable, can develop fits (seizures) and even become unconscious or go into coma. If the blood sugars are not normalised soon, it can cause permanent brain damage and can even cause life threatening complications like death.

It is therefore essential that patients be aware of hypoglycemia and measures to be taken to avoid such episodes.

All the family members of diabetic patients should also be aware of the symptoms of hypoglycemia and the emergency measures they can take to normalise the blood sugar levels at the earliest possible time. Also Caring family members must ensure the person is not taking less or more than prescribed medications, as this may happen due to memory loss.

It is recommended that all diabetic patients carry with them some sort of glucose with them all the time and could wear a band or a badge suggesting that they are diabetic especially if the person is a loner.

What measures can be taken to manage the problems?

Diabetes management require a multidisciplinary care input meaning many different health care specialists work as a team. But you are the most important part of the team. Get involved in your planning your treatment and health.

Some of the things you can do are:

- Keep in regular contact with your doctor
- Learn how to keep control of your diabetes
- Conduct regular blood glucose monitoring to a keep track
- Get your BP checked at regular intervals.
- Get cholesterol and kidney function test done once in a year or as recommended by your doctor.
- Have regular eye check-up as suggested by your doctor. Consult your doctor if you notice sudden blurring of vision.
- See a podiatrist (foot specialist) for regular check-up of your feet.
- Wear proper footwear and examine your feet every night to check for any wounds or discharges. Keep your feet dry all the time.
- Inform your doctor if you suffer from problems of falls. Do not feel embarrassed if you are suffering with urinary incontinence or having sexual problems. Your doctor can suggest you ways to overcome this.
- Discuss with your doctor if you are feeling depressed. There are many treatments available for this and your doctor can certainly help you.
- Follow healthy diet. Consult a dietitian and get a diet chart.
- Be as physically active as possible. Do some form of physical activity, after consulting your doctor.
- Discuss with your doctor about adult vaccinations

- ¹ Ensure you take your medication according to your doctor's instructions.

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