

AGEING AND DIABETES

JEWISH CARE

Managing diabetes is the same for people of all age groups but there are some specific changes due to growing older which might affect diabetes.

FOOD AND DIET

If you are underweight rather than overweight it may not be appropriate to reduce the fat, salt and sugar. Poor or irregular eating can cause low blood sugar (hypoglycaemia).

HYPOGLYCAEMIA OR 'HYPO'

Older people may have added risk factors which can lead to hypo. Many older people find their hypo warning symptoms become less obvious, and some have no symptoms at all.

THIS MAY MEAN THAT THE FIRST SIGNS ARE NOT NOTICED BY AN INDIVIDUAL, SUCH AS:

- Inability to concentrate
- Personality change
- Morning headaches
- Sleep disturbance

HYPOS WHICH GO UNNOTICED CAN CAUSE UNPLEASANT SYMPTOMS:

- Confusion
- Speech and self-care difficulties
- Poor appetite
- Aggressive behaviour
- Unsteadiness and falls

- Losing consciousness
- Cognitive damage
- Heart attack or stroke

DIABETES AND DEMENTIA

POSSIBLE PROBLEMS

- High blood glucose levels can make you pass more urine than usual.
- Uncontrolled diabetes can make you feel thirsty. Your carers may assume you have forgotten that you have recently had a drink when you ask for another.
- You may feel more tired if your diabetes is not controlled.
- Certain diabetes treatments, including insulin, can cause low blood glucose (hypoglycaemia or 'hypo'). This can make your memory worse or cause falls, confusion and distress. It may feel like your dementia is getting worse.
- If you have had diabetes for a long time, it can damage nerves resulting in pain, especially in your feet. It may be difficult to get help for this if you find have difficulty with finding the right words for things.
- You may forget to take your diabetes medication. You may take it too often if you forget that you have already taken it.
- You may forget to eat, which can lead to low blood glucose readings if you inject insulin or take certain tablets. You may forget that you have already eaten and so eat again, causing high or erratic blood glucose levels.
- If you are using insulin or taking tablets that cause 'hypos', you may find that dementia prevents you from recognising the symptoms of a 'hypo'. You may need to rely on other people to help you with this. Dementia

can make it difficult to find the right words for things, so if you feel 'hypo', you may not be able to explain this to anyone.

- Although you may have been managing your diabetes for a long time, dementia may make it difficult for you to manage your medication, take your blood glucose, inject your insulin safely, and may affect your ability to make decisions about your blood glucose readings safely.

TREATMENT OF HYPOS

A hypo should be treated immediately in a conscious person with fast-acting glucose, such as a sugary (non-hot, non-milky) drink or some glucose tablets and followed up with something starchy like biscuits, a sandwich or the next meal. A personal hypo box with hypo treatments and instructions for treatment can be kept at hand. If someone is unconscious, call for medical help or an ambulance.

PREVENTION OF HYPOS

To prevent hypos, it is helpful to have regular mealtimes and snacks containing carbohydrate and to be aware of hypo symptoms and what to look out for in individuals who may be at risk. Target levels for blood glucose control should not be too tight and medication must be right for the individual. This is something to discuss with your GP.

MENTAL HEALTH AND WELL-BEING

Depression is more common in people with long-term conditions but may not be diagnosed. Pain from neuropathy, foot ulcers and side effects of medication can all contribute to depression. Anything which affects mental well-being may affect ability to successfully manage diabetes.

ILLNESS AND HOSPITAL ADMISSION

Blood glucose can rise quickly during illness, particularly in older people who are dehydrated. When ill or in hospital extra monitoring, medication and care may be needed. Care plans need to explain what support you need if you are ill and when to seek medical attention. If you take your care plan with you to hospital it will help staff to understand how you manage your diabetes.

MANAGING SELF-CARE

Physical changes as you grow older may affect your ability to look after yourself. Reduced vision and mobility may make it harder to spot problems with your feet when they are in their early stages. Urinary incontinence may be related to poor kidney function or poorly controlled diabetes.

It is very important to talk to your GP if you do have changes and to find out if they are related to your diabetes or something else.

DIABETES AND DEMENTIA - SOME TIPS ON MANAGING BOTH

- As dementia progresses, you may become less able to manage your diabetes yourself. A regular review of your self-care ability will identify when you start to need help, and to keep you safe.
- If you find it difficult to remember to take your medication regularly, ask your doctor if it is possible to simplify your diabetes tablets so they can be taken just once daily.
- If you find it difficult to swallow tablets, some medications are available as a syrup or powder.
- If you take insulin injections, you may also be able to reduce the number of injections you have each day.
- If you cannot remember how to inject your insulin, or often forget to give it, your GP can arrange for a nurse to do this for you if required.
- Your GP or diabetes team may also be able to change your diabetes treatment to one that does not cause 'hypos'.
- If you are losing weight or having problems with eating, ask your GP to refer you to a dietitian for advice.
- If you find it difficult to recognise 'hypos', or are unable to tell someone that you feel 'hypo', make sure your carer can recognise 'hypos', knows how to treat them, and always has some 'hypo' treatments available.

FREQUENTLY ASKED QUESTIONS:

WHAT CAN I DO IF I KEEP FORGETTING MY INSULIN INJECTION?

You may benefit from a device which attaches to your injection pen which will tell you when your last dose of insulin was taken - ask your GP or Diabetes Specialist Nurse for more information.

If you think that you regularly forget your insulin injections, you or your relative or carer can ask for support from your GP, social services or call our Jewish Care Helpline on 020 8922 2222.

WHAT DO I DO IF I THINK I HAVE FORGOTTEN TO TAKE MY TABLETS?

It is not safe to take the tablets in case you have already taken them and have an overdose - wait until your next dose is due.

If this has happened before, you should discuss this with your GP who could organise your tablets in a Dossett Box. (This organises your tablets into times and days so you are able to see when they should be taken and also if you have missed any).

WHAT IF I AM ILL AND UNABLE TO TAKE MY MEDICATION?

Your GP or Diabetes Specialist Nurse can give you information on steps to take if you are ill - keep this information in a place you will be able to find easily when you need it.

If you are ill, drink sugar- free fluids every hour. If you are unable to eat your usual meals, replace these with small easily digested foods like ice cream, yogurt, milky drinks and soups.

USEFUL CONTACTS

DIABETES UK

Central Office: 020 7424 1000

Careline: 0345 123 2399

9am – 7pm Monday – Friday

info@diabetes.org.uk

www.diabetes.org.uk

DIABETES UK BARNET VOLUNTARY GROUP

Local support for people living with diabetes, their families and carers

Telephone: 020 8205 0668

Email: secretary@diabetes-barnet.org.uk

Website: barnet.diabetesukgroup.org

TRAINING RESEARCH & EDUCATION FOR NURSES IN DIABETES

Specialist organisation including a number of publications

Telephone: 020 7627 1510

Email: trend@sbcommunicationsgroup.com

Website: www.trend-uk.org

JEWISH CARE DIRECT

To find the right Jewish Care service for you, listen and support you, provide information about social care and other organisations who can help if Jewish Care can't.

Telephone: 020 8922 2222

Email: helpline@jcare.org

Website: www.jewishcare.org

NHS CHOICES

Website: www.nhs.uk

Please contact 020 8922 2450 if you require this information in larger print or an alternative format.