

BACKGROUND

Elderly subjects mostly suffer from a range of chronic illnesses in addition to age-related disabilities and dysfunction. At our diabetes care centre, we often come across disabled elderly either living alone or with family members who are unable to provide any support, and with multiple disabilities hugely affecting their self-care management skills. The situation is even worse in those with multiple comorbidities of diabetes such as impaired vision, amputation, stroke, cognitive dysfunction etc.

AIM

To conduct an informal survey among our diabetes patients aged 65 years and above who are living alone and/or are managing their disease condition themselves due to the lack of a supporting caregiver. The difficulties faced by them were identified to postulate effective solutions.

METHOD

We made an informal survey among our diabetes patients who lived alone and/or lacked a supporting caregiver (n=167, 68% males, mean age 75.8±13.2years, mean diabetes duration 15.5±7.85years). The difficulties faced by these individuals during diabetes management were analysed by our diabetes care team including clinicians, diabetes educators, nurses and psychologists to bring out some effective solutions to manage this emerging social issue.

RESULTS

Majority of the individuals who participated in the survey (96.5%) asserted the need of a supporting caregiver to effectively manage the burden of their disease conditions. Various barriers faced by these patients towards an effective diabetes management as well as some solutions or recommendations that were identified during a discussion session with our diabetes care team are provided here.

BARRIERS FACED BY THE ELDERLY DIABETES PATIENTS WHO LIVE ALONE AND/OR LACK A SUPPORTING CAREGIVER

- ▶ Severe depression and lack of enthusiasm arising due to loneliness affecting their overall routine and quality of life
- ▶ Difficulty to adapt to the latest technologies and diabetes management advice due to poor cognition, movement disabilities etc.
- ▶ Forgetting to take their routine medications
- ▶ Increased number of hypoglycemic events due to lack of adequate knowledge about it
- ▶ Difficulty to do diabetes self-care practices such as procuring essential medicines, SMBG and injecting insulin
- ▶ Difficulty in preparing food often leading to skipping of meals or an undernourished diet
- ▶ Fear of hypoglycemic events creating a tendency to use the medicines at reduced doses
- ▶ Financial constraints, disabilities, poor memory, lack of transport facilities etc. making it difficult to assess even basic diabetes care facilities

SOLUTIONS AND RECOMMENDATIONS PUT FORWARD BY PATIENTS AND DIABETES CARE TEAM

For diabetes care team

- ▶ Medications and regimen may be customised to meet the needs of a particular patient (eg- less complex regimen that suits their cognitive capacity, special insulin syringes for visually handicapped, premixed insulins for those who find difficulty in mixing insulins etc.)
- ▶ Diabetes care team can motivate the patients to manage, cope and live with their disease conditions
- ▶ Conducting diabetes awareness and education programmes with special focus on addressing the challenges met by elderly diabetes population

For patients

- ▶ Make use of modern facilities such as telemedicine, pill reminders etc. to effectively manage their disease
- ▶ If patients are comfortable they may let their neighbours, friends etc. who stay nearby to know about their disease condition as well as let them understand the basic emergency care practices that need to be followed
- ▶ Keep all the relevant medical information close at hand in case of any emergency
- ▶ Patients can join diabetes support groups so that they can share their difficulties and experiences with their peers which might bring in a positive impact

DISCUSSION

Diabetes management demands a lot of self-care behaviours and works best only with the support of a caregiving member, especially in the case of disabled elderly and disabled patients. Diabetes team should take special care while addressing the needs of this special category and every effort should be made to motivate these patients and identify a caretaker from among the family, friends or neighbourhood and empower them with easily adaptable diabetes care routine and management practices.

REFERENCES

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