

2019/Q1 EDUCATIONAL CAMPAIGN

WHAT **YOU** NEED
TO KNOW

MANAGING TYPE II DIABETES IN SENIORS

MediSystem™
Pharmacy
A SHOPPERS DRUG MART COMPANY



WHAT IS TYPE II DIABETES?

Diabetes Type II is a chronic disease where the body continues to make insulin, but it is no longer enough or the body is not able to properly use it anymore. Diabetes Type I occurs when the body makes little or no insulin – this type of diabetes cannot be prevented. The decrease in usable insulin to convert sugar from food into energy will result in elevated blood glucose (diabetes).

SYMPTOMS OF DIABETES

Symptoms of Diabetes Type II progress slowly and may include fatigue, thirst, frequent urination and unexplained weight loss. Often, no visible symptoms are present and diagnosis is determined by screening laboratory tests including fasting blood glucose (FBG) and glycosylated hemoglobin (HbA1C).

HbA1C AND CBG TESTING

HbA1C is a laboratory test, expressed as a percentage, which provides an average of the blood glucose level over the last 2-3 months. HbA1C should be measured every 3 months until blood glucose is stable and then reduced to every 6 months. Capillary blood glucose testing (CBG) with test strips, expressed in mmol/L, provides a snapshot of the blood glucose level at any moment in time. CBG is useful for adjustment of medication and diet.

DIABETES AND THE GERIATRIC POPULATION

An increased blood glucose level over a long period of time may lead to serious health consequences such as eye and kidney damage, impaired circulation in feet, nerve damage, and heart disease and stroke. In the elderly, frailty may increase the risk of diabetes and the Clinical Frailty Scale (Rockwood et al) may help determine how stringent glycemic control should be. In this population, the risk of hypoglycemia and pseudohypoglycemia (sudden and drastic drop in blood sugar) is increased and is often unnoticed due to cognitive impairment. Therefore, focus should be on treating each person as an individual, assessing the need for higher glycemic targets and choosing medication and diet wisely to prevent hypoglycemia and other acute complications.

RECOMMENDED TARGETS IN THE FRAIL POPULATION WITH OR WITHOUT DEMENTIA INCLUDE:

HbA1C	7.1-8.5%
Preprandial	6-9mmol/L
Postprandial	<14mmol/L

For more information on Diabetes, speak to a MediSystem Pharmacist.

REFERENCES ON REVERSE SIDE

REFERENCES:

<https://www.canada.ca/en/public-health/services/diseases/type-2-diabetes.html>
<https://www.diabetes.ca/diabetes-and-you/living-with-type-2-diabetes>
<https://www.diabetes.ca/takecharge>
<http://guidelines.diabetes.ca/docs/CPG-2018-full-EN.pdf>

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