

Management of Diabetes in the Long-Term Care Population: A Review of Guidelines

Context

Diabetes is a common disease affecting more than 20% of adults aged 65 to 75 years and 40% of adults older than 80 years. Although the prevalence of diabetes in long-term care facilities is considered to be similar to that of the general population, it may actually be higher. Management of diabetes in long-term care facilities is challenging due to the under-resourced environment and the nature of this specific population.

Technology

In addition to lifestyle modification and pharmacological therapy, blood glucose monitoring is an essential part of ensuring satisfactory glycemic control. The metabolic differences of diabetes in the elderly, compared with those in younger patients, call for differences in managing the disease in this population.

Issue

Previous clinical practice guidelines have suggested that glycemic targets be individualized based on each patient's functional status, recommending that patients who are frail be maintained at a less stringent target — the burden of rigorous glycemic control (e.g., patient discomfort) to achieve near-normal blood glucose levels may outweigh the benefits in this population. A review of the evidence-based guidelines for the monitoring of blood glucose for patients with diabetes in the long-term care population will help to inform decisions about blood glucose monitoring in these patients.

Methods

A limited literature search was conducted of key resources, and titles and abstracts of the retrieved publications were reviewed. Full-text publications were evaluated for final article selection according to predetermined selection criteria (population, intervention, comparator, outcomes, and study designs).

Key Messages

Guidelines for blood glucose monitoring in patients living in long-term care facilities recommend that:

- laboratory tests be performed when diabetes is suspected
- glucose levels be tested every three to six months
- the frequency of the blood glucose monitoring be individualized.

Note that these guidelines are for all patients in long-term care facilities, not necessarily those who are frail and elderly.

Results

The literature search identified 324 citations, with 1 additional article identified from other sources. Of these, 7 were deemed potentially relevant, with 2 guidelines meeting the criteria for inclusion in this review.

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