Conference over coffee: Frailty, obesity and sex

The 17th National Conference of the Primary Care Diabetes Society was held virtually on 18–19 November 2021. In this second short report, we deliver more key messages from the plenary sessions of the conference. The full sessions are available to watch on demand, but in the meantime these short, sharp summaries will provide useful and practical points – all in the time it takes to make a cup of coffee!

Older and frail people

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Frailty is a medical syndrome with multiple causes and contributors, characterised by diminished strength, endurance and physiologic function that increases an individual's vulnerability for developing increased dependency and/or death (Morley et al, 2013).

- Diabetes is associated with accelerated ageing and frailty.
- Frailty is a better predictor of COVID-19 outcomes than age (Hewitt et al, 2020).
- To assess frailty, watch people get up and walk from the waiting room; use tools such as the Rockwood Clinical Frailty Scale to formally evaluate individuals. Encourage accompanying family members to input. The easy-to-use Clinical Frailty App is available from www.acutefrailtynetwork.org.uk.
- eFrailty index score can be used across the practice population, but is dependent on accurate coding.
- Agree frailty-appropriate HbA_{1c} goals (e.g. 58 mmol/mol fit elderly; 64 moderate-to-severe frailty; 70 severe frailty).
- Review regularly and de-escalate proactively at 53, 58 and 64 mmol/mol for fit, moderate-to-severe frailty and severely frail, respectively.
- Choose therapies wisely. Anticipate and avoid risk of hypoglycaemia or weight loss (see Strain et al, 2021).

Resources
- Diabetes and frailty: An expert consensus statement on the management of older adults with type 2 diabetes: bit.ly/3HUSZdv
- How to manage diabetes in later life: bit.ly/2VBzXUj

Connecting the dots in the obesity pathway

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What can we do in primary care?

- Reduce obesity bias. Use person-first language and encourage uptake of preventive healthcare amongst those with obesity.
- Measure and record BMI.
- Classify correctly. Normal BMI, 18.5–24.9 kg/m^2; overweight, 15–29.9; obese class I, 30–34.9; obese class II, 35–39.9; obese class III ≥40; ethnic cut-offs in non-Caucasian people.
- Identify if other, higher priorities right now. If so, make a note to return to weight discussion later; if priority, Ask, Assess, Assist.
- **Ask** if OK to discuss weight. Explain losing weight could help with their condition(s); NHS programmes can aid weight loss.
- **Assess** using importance and confidence ruler tools.
- **Assist**. If ready to change, refer to weight management services (know what is available, how to refer). If not ready, ensure understanding of weight loss benefits and services available; agree review. In England, there is a four-tier obesity management system (Hazlehurst et al, 2020).
- Consider contribution of medications and amend, if possible.

Diabetes and sexual health

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Male erectile dysfunction (ED)

- Affects >50% of men with diabetes, 3.5 times higher than in men without.
- May be presenting symptom for a new diabetes diagnosis.
- Tendency to more severe and refractory ED in those with diabetes.
- Pathophysiology of ED in diabetes is often multifactorial, including vascular and neurological impairments, and possible androgen deficiency. Screen for low testosterone.
- Medical therapies for ED less successful in people with diabetes.
- Surgical intervention may be associated with increased general health risk.
- Try to differentiate psychogenic ED (sudden onset; situational; normal waking/nocturnal and masturbation erections) from organic ED (gradual onset; all situations; reduced/absent waking, nocturnal and masturbation erections; penile pain).
- When diagnosing ED, assess for CVD risk, type 2 diabetes and testosterone deficiency; refer to appropriate clinic.

Female sexual dysfunction (FSD)

- Studies have shown a 20–78% decreased level of sexual desire in women with diabetes more common in women with type 2 diabetes.
- The prevalence of sexual dysfunction is higher in women with type 1 diabetes (50.3%) compared with those without diabetes (35.0%), and sexual dysfunction is associated with both diabetes distress and depression, but no clear associations with chronic diabetes complications.
- Up to 76% of women with diabetes are affected in the arousal phase of sexual activity by lack of lubrication.
- Structural changes in female genital tissue, and impairment of nerve and blood supply, might impact arousal and orgasmic response.
- For guidance on contraception and diabetes, consult UK Medical Eligibility for Contraceptive Use.

Medications associated with ED/FSD
- Diuretics
- Anticholinergics
- CVD medications/anti-hypertensives
- Tranquillisers
- Antidepressants
- H2 antagonists
- Hormone treatment
- Cytotoxic agents/chemotherapy
- Androgen deprivation therapy

Resources
- How to diagnose and manage testosterone deficiency in adult men: bit.ly/34EJUYc
- How to diagnose and manage erectile dysfunction in men with diabetes: bit.ly/3gQq8LD
- Diabetes before, during and after pregnancy: bit.ly/3LDKEgJ
- Sexual Advice Association factsheets: bit.ly/3oTocGE