

Free e-learning resource

The elderly and type 2 diabetes

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Marianne, who is 71 years old, has type 2 diabetes but lives a very active life, with little in the way of comorbidities. However, despite treatment with metformin 1000 mg twice daily, her glycaemic control has deteriorated in recent years.

Mike is 78 years old and has long-standing type 2 diabetes. Six years ago he suffered a myocardial infarction. He takes a range of medication to address his hyperglycaemia, hypertension and low mood. He lives alone, but uses a stick to walk and receives practical help from his daughter. Recently, he has been experiencing shakiness and sweating after gardening, and dizziness on standing. His BP is 117/58 mmHg and HbA_{1c} is 51 mmol/mol.

Claire is an 81-year-old who lives in a care-home. She has Alzheimer's disease and long-standing type 2 diabetes. A stroke 4 years ago left her with unilateral weakness, and she has frequent lower urinary tract infections and episodes of urinary incontinence. For her hyperglycaemia, hypertension and various other health concerns, she is taking over a dozen medications. A review of her diabetes is due.

The health and care needs of each of these people differ greatly. By working through their case studies, we will consider the following issues, and more:

- Agreeing glycaemic targets in the elderly.
- Assessment of frailty and the importance of a holistic approach to managing diabetes in the elderly.
- Choice of medications and concerns over hypoglycaemia.
- Deintensification and simplification of medication regimens.

Diabetes & Primary Care's series of interactive case studies is aimed at all healthcare professionals in primary and community care who would like to broaden their understanding of diabetes.

The care of older people with type 2 diabetes is complicated, as the prognosis and appropriate treatment goals vary greatly between individuals. The three mini-case studies developed for this issue of the journal take us through the basic considerations of managing type 2 diabetes in the elderly.

The format uses typical clinical scenarios as tools for learning. Information is provided in short sections, with most ending in a question to answer before moving on to the next section.

Working through the case studies will improve our knowledge and problem-solving skills in diabetes care by encouraging us to make evidence-based decisions in the context of individual cases.

Readers are invited to respond to the questions by typing in your answers. In this way, we are actively involved in the learning process, which is hopefully a much more effective way to learn.

By actively engaging with these case histories, I hope you will feel more confident and empowered to manage such presentations effectively in the future.

David Morris, Undergraduate Clinical Tutor, Keele University; and retired GP and Specialist Doctor in Diabetes

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