

Ageing well with diabetes

As promised in my last editorial, I write this fresh from this year's Diabetes UK Professional Conference. It certainly did not disappoint, with many exciting and well-delivered sessions to grab the attention.

I was particularly interested in the poster sessions. The section on early-onset type 2 diabetes (EOT2D) had some very noteworthy submissions, ranging from the identification of this cohort and discovering the extent of misdiagnosis, to programmes designed to tailor education to this younger age group and, finally, how to manage the diabetes of this cohort by utilising a multidisciplinary team approach. Across England, we have a focus on EOT2D as part of the "T2Day: Type 2 Diabetes in the Young" programme, so to see a whole poster section on the subject, with motivating insights and innovation to better help and support this group, was particularly inspiring.

The approach currently is to identify those with type 2 diabetes between the ages of 18–39 years, and to offer them additional reviews with a particular focus on achieving targets and cardiovascular disease management. There are, however, many people that we see in practice every day who are no longer in that age bracket, but who were when they were diagnosed. This cohort is already showing the effects of this more aggressive diabetes phenotype. We need to ensure that age of diagnosis is checked when we review people, and consider their cardiovascular risk, if they were diagnosed before the age of 39 years.

Another draw for me were two posters looking at working with district nurses to review patients requiring insulin administration and looking to de-escalate insulin, where appropriate. In past editorials, I have described how I have achieved great financial savings doing just this, by providing a virtual clinic approach to district nursing teams. You can imagine my absolute pleasure to read from

the team in Ipswich that this intervention is now being piloted in a Get It Right First Time (GIRFT) project. I feel this is a very positive step forward in ensuring that the older, frailer person with type 2 diabetes is managed effectively and appropriately at this stage in their life.

It also made me reflect on the increasing number of referrals that we are seeing to the community DSN team for advice and guidance on the management of elderly frail people with type 1 diabetes. The demands on a district nursing service to manage this cohort effectively are massive. While the increasing use of technology to monitor glucose levels has been a real help, I am sure that, in the not-too-distant future, we will be reviewing how we continue to manage those within this cohort who are established on pumps or hybrid closed-loop systems. Should we stop using this technology and move back to injected regimens? Or should we continue, as we are able to review remotely both glucose control and pump activity?

I feel that a strategy is needed to address how we manage people with type 1 diabetes effectively as they become increasingly frail and reach a stage where they are unable to self-manage their diabetes. I am sure a national strategy for "ageing well with diabetes" will help us all address these complexities, both for those with type 1 or type 2 diabetes.

Another highlight for me was the session dedicated to "Tackling Stigma". Diabetes UK has announced this as a key priority over the coming years, and this session did not disappoint. The session was chaired by Professor Jane Speight, from Melbourne, Australia. Jane, a global lead on this topic, is the lead author of an international [consensus document](#) aiming to bring an end to diabetes stigma and discrimination. Devastatingly, it reports that on average 4 in every 5 people with diabetes have experienced diabetes stigma, and 1 in 5 discrimination. This discrimination has



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been experienced across health care, education and employment. Given the push provided by *Language Matters* in recent years, it is upsetting and alarming to see the numbers still reporting either stigma or discrimination. I fully support the pledge from the consensus group to bring this to an end.

Here at the *Journal of Diabetes Nursing*, we are looking to focus content this year on some key topics. Unsurprisingly, we will be shining the spotlight both on ageing well with diabetes and on tackling diabetes stigma! ■