

# Supporting the older person with type 1 diabetes: Challenges and opportunities

Welcome to the August edition of the Journal! For some time now, I have been pondering how we can best help people to age well with their diabetes. As you are probably aware, I have a passion for frailty and diabetes, and in many of my editorials I have been highlighting the issues, particularly for those with type 2 diabetes. These editorials have discussed the impact of working closely with care homes and community nursing teams. [Case reviews](#) looking to simplify regimens and de-escalate therapies, where appropriate, have led to the avoidance of hypoglycaemia and ambulance call-outs that inevitably lead to conveyance to hospital. Earlier this year, I also highlighted other areas of the country that have achieved the same astounding results from similar projects.

However, it is not only de-escalation of therapies that we need to consider. We are seeing a growing population of older adults with type 1 diabetes who have very specific needs when it comes to management of their long-term condition. These needs become increasingly complicated when they are less able to self-manage their diabetes and need the support of district nurses or carers.

I was, therefore, delighted to read our article by Jonathan Golding highlighting, and echoing my exact thoughts about, [type 1 diabetes and ageing](#). It is testament to the advances in diabetes care over previous decades that we are now facing this new challenge of supporting the much older adult with type 1 diabetes. Jonathan very succinctly discussed the emerging issues, including the need to ensure that all health and social care staff involved in caring for older adults are both confident and competent to care for this population.

Now we must identify how best to utilise the technology advancements that have been so life-changing for younger generations in the frail older adult with type 1 diabetes, and ensure that people can continue to benefit from this

technology as they age. We need to embrace what this technology can offer and perhaps take a differing view when it comes to the benefits of use in the older frail adult, such as the ability to remotely review both glucose levels and insulin use to ensure we make timely interventions to reduce the risk of the emergencies seen in type 1 diabetes.

David Lipscomb in his article raises the absolute [challenge faced by the NHS](#) in coping with the ageing population, and the urgent need to focus resources on out-of-hospital care if we are in any way going to meet the growing demands. He notes the stagnation in full-time-equivalent numbers of community and district nurses compared with an over 30% rise in other NHS staff at a time when life expectancy and the need for supported care in later life has risen dramatically.

On the same theme, in her article Nneka Agbasi discusses how [community matrons](#) can have a tangible impact when linking across health and social care boundaries. Effectively improving the care of people with diabetes in the care home setting is a further example of how we can make changes to not only reduce costs but also improve lived experience and reduce inequalities whilst providing high-quality diabetes care.

Elsewhere in this issue, Angela Lake and colleagues discuss the specialism of [inpatient diabetes nursing](#) and its growing impact since 2010. I do wonder if the older population would benefit from the same growing specialism in our diabetes nursing workforce, and I am aware of many colleagues who have the passion and foresight to improve the care offered to this population.

It is unquestionably time that we join forces, developing national pathways of care that address the specific issues faced by this cohort. In this way, we could absolutely ensure that we are supporting all people to age well with their diabetes, whatever the type, and wherever that care is needed! ■



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