

NDSS

National Diabetes Services Scheme

An Australian Government Initiative

NDSS Helpline 1800 637 700
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Managing diabetes as you age

A guide for older people
living with diabetes



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The NDSS is administered by Diabetes Australia

National Diabetes Services Scheme

The NDSS is an initiative of the Australian Government administered by Diabetes Australia. The NDSS provides information, support and services and diabetes-related products at subsidised prices to people living with diabetes.

Registration is free and open to all eligible people in Australia diagnosed with diabetes.

For more information, visit ndss.com.au or call the NDSS Helpline on **1800 637 700**.

Disclaimer:

This information is intended as a guide only. It should not replace individual medical advice. If you have any concerns about your health, or further questions, you should contact your health professional.

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About this booklet



Diabetes care is generally the same no matter how old you are. However, some things change as you get older, and these changes might affect your diabetes. You may have had diabetes for a long time, and then you develop other health issues. This booklet gives you information to help you manage your diabetes as you grow older.

For more information about diabetes, visit [ndss.com.au](https://www.ndss.com.au) or call the NDSS Helpline on **1800 637 700**. There are local programs and services around Australia.

Managing the effects of ageing

Ageing involves physical and mental changes that can affect sight, hearing, memory, sensation, balance, mobility and other functions. Everyone is different in terms of when these functions might be affected as they grow older.

These kinds of changes can make it difficult to continue taking care of yourself and staying independent. It is important to stay connected with others and to do the things you enjoy, as this enables you to continue feeling good and have a sense of control as you age. This may mean changing the way you do some things. For example, if you love reading but have trouble with your sight, you could try listening to an audio book instead.

It can sometimes be difficult to tell the difference between symptoms and signs caused by diabetes, and those that are a part of the ageing process but not necessarily related to diabetes.



Healthy tip

Getting older can mask some symptoms of diabetes.

Example 1: When you were younger, and your blood glucose levels were high, you may have felt thirsty. As you get older, you may lose your sense of thirst if you have high blood glucose levels. This may affect the way you manage your diabetes and may unknowingly cause you to become dehydrated.

Example 2: As your body ages, it can change in the way it absorbs medicine. This could affect your blood glucose levels and the way you manage your diabetes.



Managing blood glucose levels

Not everyone with diabetes will need to self-monitor their blood glucose levels. However, if you do self-monitor, your target range may need adjusting as you get older.

The target range for blood glucose levels of older people living independently is generally between 4 and 10 mmol/L. This may increase to between 6 and 15 mmol/L if you take certain types of medicines for your diabetes, become frail; have other health problems or are at risk of falls.

Your doctor should review your target blood glucose range regularly and help you decide what target range is best for you.

One of the reasons you might be regularly monitoring is to make sure that your blood glucose levels don't go too low – known as hypoglycaemia or 'hypo' (see page 8). The older or frailer you become, the greater the impact of a hypo can be. For example, a hypo can result in falls, confusion and even loss of consciousness.

Blood glucose meters and other devices used to help manage your diabetes need regular review, testing and upgrading. Your CDE (credentialed diabetes educator) or pharmacist may be able to help you with this.

Healthy tip

Once you turn 65, ask your doctor to review your blood glucose targets regularly.



Managing hypoglycaemia

Hypoglycaemia (often known as a ‘hypo’) means a low blood glucose level. It can occur in people who inject insulin or take certain diabetes medicines. It is usually not a problem for those who manage their diabetes through a healthy eating plan alone. Check with your doctor if you are at risk of developing hypoglycaemia.

Growing older can increase your risk factors for hypoglycaemia. These risk factors include having a poor appetite, being on four or more medicines, or having kidney disease or other conditions.

There are a number of common causes of hypoglycaemia in older people including:

- having too much insulin or other diabetes medication in your system
- losing your appetite, skipping meals or not eating as much as you used to
- fasting - if you have to fast (for example, during Ramadan or before surgery)

- if you are sick with vomiting and/or diarrhoea
- doing extra physical activity
- not eating enough carbohydrate foods
- drinking alcohol.

Some oral diabetes medicines can increase your risk of hypoglycaemia, so it is important to talk to your doctor about this. It might be possible to change the medicine to something with a lower risk.

You may find that your hypoglycaemia warning signs change as you get older. When you were younger, early warning signs of hypoglycaemia may have included hunger, sweating, weakness, trembling, headache, dizziness, and tingling of the mouth and lips. As you get older, your warning signs may become less obvious. You may just feel tired or confused, or you may feel nothing at all. If you think your warning signs have changed, please discuss this with your doctor or diabetes educator.

What can you do to manage hypoglycaemia?

- Talk to your health care team about your risk of hypoglycaemia and when to monitor for hypoglycaemia.
- Have a plan for managing hypoglycaemia. Make sure your family and friends know about this.
- When you have a change in medicines or your health changes - review your plan for managing hypoglycaemia with your doctor or diabetes educator.
- Have a hypoglycaemia kit ready (including your blood glucose meter, and your hypoglycaemia treatments), and take it with you whenever you go out.

Healthy tip

It is important for you and your family to know what to do if you experience hypoglycaemia. Talk to your health care team about developing a hypoglycaemia plan personalised to your risk.

Managing hyperglycaemia



Hyperglycaemia is when your blood glucose levels are too high. Usually this is a blood glucose level greater than 15.0mmol/L. If you are self-monitoring your blood glucose levels a high reading every now and then is not usually a problem (see below causes of hyperglycaemia to work out what could be causing the high reading). However, if you notice a daily pattern of being hyperglycaemic or are experiencing any of the signs and symptoms below, it is important to contact your doctor or diabetes educator.

If you are not self-monitoring your blood glucose levels, how will you know if you are high (hyperglycaemic)? There are common signs and symptoms of hyperglycaemia, which include:

- increased thirst
- passing more urine than usual
- blurred vision
- feeling more tired than usual.

As you get older, these signs and symptoms may become less obvious, or you may think they are just part of normal ageing. It is important that you discuss any of these signs and symptoms with your doctor or diabetes educator.

There are several common causes of hyperglycaemia:

- too little, or missed, insulin or other diabetes medicine
- eating more carbohydrate food than usual
- being less active than usual
- illness, infection or injury
- increase in physical or emotional stress
- certain medicines, in particular oral or injected steroids
- insulin pump not working properly.

If you have a blood glucose level over 15mmol/L and you are not sure what to do, or if you are feeling unwell, contact your doctor or diabetes educator.

Also refer to 'Managing sick days' on page 12.



Managing sick days



You may find it harder to manage your diabetes when you are sick. When you are feeling unwell, you need to take extra care.

It is important to be prepared for when you are sick – have a personalised sick day management plan ready to use at the earliest sign of feeling unwell. Your doctor or diabetes educator can help you write a sick day plan for what to do if you become unwell. Make sure that you give a copy of the plan to your family and friends so they also know what to do.

Your sick day plan should include the following steps:

✓ Step	Example		
1. When to use this plan	<p>When you are feeling unwell.</p> <p>When your blood glucose levels are high (usually 15mmol/L) for a certain amount of time (discuss with your doctor or diabetes educator).</p>		
2. Who to contact	<p>Family, friends and neighbour. Include doctor or diabetes educator's contact details. If you live alone, it is important to tell someone you are unwell so they can check on you.</p>		
3. Monitoring	Note	Type 1	Type 2
Blood glucose levels		Every 2 hours	Every 2–4 hours
Blood ketone levels	<p>If you have type 2 diabetes, there are certain circumstances where it is appropriate to check your blood ketone levels. Ask your doctor or diabetes educator for advice if you are taking a type of medicine called a SGLT2 inhibitor*.</p>	Every 2 hours	Usually not necessary, unless you are taking a SGLT2 inhibitor.*

✓ Step		Example	
	Note	Type 1	Type 2
4. Medicines	If you have been vomiting or have diarrhoea, you may need to stop certain medicines e.g. metformin, empagliflozin (Jardiance), dapagliflozin (Forxiga).	N/A	Discuss this with your doctor.
5. Insulin	Ask your doctor or diabetes educator to work out a dose adjustment plan with you.	Never stop your insulin. Insulin dosage may change depending on glucose levels, ketones and any vomiting and diarrhoea.	
6. Drinking and eating	Keep drinking and eating if possible. It's important to drink extra fluid every hour to avoid becoming dehydrated. Discuss with your doctor or diabetes educator what is right for you.	Continue to eat regularly and drink half a cup (125ml) of unsweetened fluid every hour. If you are unable to eat and: <ul style="list-style-type: none"> • your blood glucose level is below 15mmol/L: drink sweetened fluids • your blood glucose level is above 15mmol/L: drink unsweetened fluids. 	

✓ Step	Example		
	Note	Type 1	Type 2
7. Know when to go to hospital or contact your doctor	Go to the hospital or call your doctor immediately if you:		
	Are concerned about low blood glucose levels or experiencing hypoglycaemia (hypo).	✓	✓
	Have ketones that are moderate to high.	✓	Usually not necessary, unless you are taking a SGLT2 inhibitor.*
	Have high BGLs and you don't know what to do.	✓	✓
	Can't keep food or fluids down and have persistent vomiting, diarrhoea and/or abdominal pain.	✓	✓
	Continue to be unwell, become drowsy or breathless.	✓	✓

✓ Step		Example		
	Note	Type 1	Type 2	
	Have a 'fruity' odour to your breath (you may be at risk of diabetes ketoacidosis).	✓	Usually not necessary, unless you are taking a SGLT2 inhibitor.*	
	Are unsure what to do (and your support person is also unsure).	✓	✓	

***There are certain diabetes medicines that do place you at risk of ketones. These medicines are called SGLT2 inhibitors, including: canagliflozin (Invokana®), dapagliflozin (Forxiga®), empagliflozin (Jardiance®) and ertugliflozin (Steglatro®). Ask your doctor or diabetes educator if you are taking any of these medicines.**

If you feel hesitant to bother other people when you are unwell, remember it is often better to get help early, rather than waiting. Make sure you let those on your contact list know when you are feeling unwell. If you are not sure whether you need an ambulance, it is better to be safe and check. Ring **000** and talk to the operator, and they will help decide whether you need an ambulance or some other service. Your safety is the most important thing.

Managing your medicines



Getting older can mean that we develop other medical conditions in addition to diabetes. This can lead to the need for extra medicines or changing the medicines you are already on. Your doctor may review your medicines for diabetes and change them to work better with your daily routines and reduce issues like hypoglycaemia. Having a poor appetite, changing your level of physical activity, or missing meals or medicines due to memory problems can affect how your medicines work.

Healthy tip

The way your body uses medicines can change with age, and medicines can work differently if you have a poor appetite, miss a meal or become less active.

Some things that may help you:

- **Insulin pen cap:** If you take insulin, consider getting a commercially available insulin pen cap that tells you when you last used your insulin pen; or consider getting a new type of insulin pen that keeps a record of when you last had insulin and how much you injected.
- **Dose Administration Aid:** Talk to your pharmacist about whether a Dose Administration Aid (such as Webster-pak®) can help you remember to take your medicine. These are made up by your pharmacy and separate your medicines into days and times, making it easy to check whether you have taken your medication.
- **Calendar or diary:** Consider using a calendar or diary and placing a tick on the date and time when you take your medication. That way, you can check if you have taken your medicines.
- **Home Medicines Review:** If you are concerned about the number of medicines you are taking and how they interact, you can ask your doctor to arrange a Home Medicines Review for you. A pharmacist will visit you at home and go through the medicines you take and your daily routines. The Home Medicines Review will provide your doctor with recommendations about how best to manage your treatment in line with your lifestyle routines and health conditions. It is also an ideal opportunity to find out more about your medicines, including how to take them for the best results and to minimise any side effects. From there, your doctor will work with you on any necessary adjustments.
- **Diabetes MedsCheck:** Many community pharmacies offer a service called a Diabetes MedsCheck. This is an in-pharmacy review with a focus on your diabetes medicines management, monitoring devices, education and self-management. This service is targeted at people who cannot access other diabetes education or health services in their community.
- **National Prescribing Service:** In addition to your doctor, pharmacist and diabetes educator, the National Prescribing Service is also available to help you with any questions you may have about your medications. You can call their Medicines Line on **1300 633 424** from Monday to Friday, 9am–5pm AEST.

Memory aids



Many older people worry about their ability to think clearly and remember. For most older people, thinking and memory stay relatively intact in later years. However, if you, your family or friends notice that you are having problems remembering recent events or thinking clearly, let your doctor know.

Healthy tip

All people with diabetes over the age of 65 should have their memory checked by their doctor once a year.

Here are some tips for helping with memory loss if it affects you:

- **Tick it off:** Keep a diary or checklist recording which medicine you took and when you took it.
- **Use an aid:** Talk to your pharmacist about a Dose Administration Aid or a Webster-pak® (refer to the 'Managing your medicines' section on page 18).
- **Ask your pharmacist:** Ask your pharmacy whether they can send you a reminder for re-supply or when you need a new prescription.
- **Write yourself a note:** Place sticky note reminders to yourself to check your blood glucose levels and to take your medicines.
- **Keep a record:** Make a note of your blood glucose results in a blood glucose level record book, to make it easy to track when you last checked your blood glucose level.
- **Set alarms:** Set an alarm on your watch, clock radio, oven or phone to remind you to check your blood glucose level and take your medicines. Set reminders on your phone for appointments and medicines.
- **Keep them close:** Keep your meter and medicines in an easy-to-spot place such as on the kitchen bench or next to your phone.
- **Get a friendly reminder:** Have a family member or friend remind you to check your blood glucose levels or take your medicines.
- **Use memory devices:** Talk to your local diabetes association about devices that may be available to help you. These include blood glucose meters with built-in alarms to remind you to monitor your blood glucose levels throughout the day, and insulin pens with a built-in memory that can recall the time and how many units of insulin you injected.

Avoiding falls



As we get older, we have a higher risk of falls that can cause serious injuries. Having diabetes further increases that risk, because you may experience hypoglycaemia or hyperglycaemia, or your diabetes may have affected your vision, balance or the feeling in your feet. You are also more likely to be on multiple medicines, which can also increase your risk of falls.

Healthy tips

- **Share your fears:** Let your doctor know if you are worried about falling or if you have had a fall, even if you have not hurt yourself.
- **Make a plan:** Ask your doctor to develop a falls action plan for you so you know what to do if you have a fall.

- **Tell your doctor:** If you have a fall, let your doctor know, even if you have not hurt yourself. That way your doctor can figure out what caused the fall and how to reduce the risk of falls in the future. Your doctor may refer you to an occupational therapist who can come to your home and assess it for falls risks and make suggestions to reduce the likelihood of falling.
- **Review your medicines:** The more medicines you are on, the greater your risk of falls. Ask your doctor or pharmacist if they think your medicines should be reviewed if you are taking four or more medicines.
- **Get physical:** Be more physically active to improve your balance, strength and flexibility (refer to our 'Managing physical activity' section on page 26).
- **Choose sensible shoes:** Wear properly fitting, sturdy shoes with non-skid soles. Avoid wearing high heels, floppy slippers, thongs and stockings or socks with no shoes, as they can make you slip, stumble or fall. Your doctor may refer you to a podiatrist who can check your feet and advise suitable footwear. This is particularly important if you have lost feeling in your feet or are at risk of foot ulcers.
- **Put safety first:** Look around your home to see if you can make it as safe as possible. Think about hazards both inside and outside, such as loose carpets, electrical cords or hoses in walkways, or storing items in hard-to-reach cupboards.
- **Light the way:** Keep your home brightly lit to avoid tripping on objects that are hard to see.

Healthy tip

If you have had a fall already, or you are at risk of falling, you may consider getting a personal medical alarm. Personal alarms are devices that can be used to alert a family member, a friend or a monitoring service in a medical emergency. If you live alone, a personal alarm may help you to feel safe and stay independent in your own home. It will also reassure your family and friends that if you are in trouble you can easily call for help.

Talk to someone in your health care team if you think a personal alarm might help you.

Managing your food choices



As we get older, it can be challenging to stay nourished and maintain healthy eating habits. Our lifestyle and appetites can change, and chronic conditions such as diabetes can take up our time and energy and affect our food choices. Healthy eating can help you manage your blood glucose levels, cholesterol and blood pressure.

It is important to:

- Eat a variety of foods.
- Be as active as you can be.
- Drink plenty of fluids every day, preferably water.
- Take your diabetes medicines with food, or as advised by your doctor or pharmacist.
- Keep your weight stable and close to a suitable range for your height, age and health. Ask your doctor what a good range would be for you and do not try losing weight without talking to your doctor first. Weight loss in people over 65 can sometimes do more harm than good.

You should contact your health care team if you:

- lose your appetite
- are losing weight without trying
- experience incontinence or constipation
- have trouble with a sore mouth or gums, your teeth, dentures or swallowing
- have trouble grocery shopping or cooking.

Healthy tip

The NDSS has a free booklet, Healthy eating: a guide for older people living with diabetes, which is available by visiting ndss.com.au or by calling the NDSS Helpline on **1800 637 700**. The booklet covers topics such as nutrition and daily food needs as you age.

The booklet has tips about what to do if you lose your appetite and how to gain weight if you are sick, frail or have lost weight. It also has daily meal plans, delicious recipes, and tips for shopping and cooking.

Managing your physical activity



The ageing process, the complications of diabetes, and other health issues can result in physical limitations that can impact on our lives. You may experience vision problems, hearing loss, have less physical energy and flexibility, or be in pain.

Healthy tip

You are never too old to start exercising. Talk to your doctor first, then start off slowly and build up—and do it with a friend.

It is important to:

- have your feet checked every six months as well as check them daily yourself, if possible
- have your hearing tested every year
- have your eyes tested every two years (or more often if advised)
- let your doctor know if you have pain, feel sore or are uncomfortable in any part of your body.

Sometimes people think they are too old or frail to exercise, but any increase in activity can make a difference to your health and wellbeing. It is recommended that all people, including older people do at least 30 minutes of moderate physical activity on most—preferably all—days. If you are already this active, keep going!

If you have not been this active or you have not exercised for a while, it is a good idea to talk to your doctor before you start. Your care plan can support referral to an exercise physiologist, who can help you with an exercise plan that is suitable for your age and any medical condition you may have.

Begin slowly and build up: for example, if you are aiming for 30 minutes of walking per day, start with 10 minutes once or twice a day. After two weeks, make it 15 minutes twice a day and you will have reached your goal of 30 minutes a day.

There are many ways you can keep active such as walking, gentle swimming, working in the garden, washing the car, dancing or Tai Chi. Being physically active in the company of other people can be very social and can keep you motivated and committed.

Try walking with a family member, friend or neighbour, or see what senior classes your local council offers.

It is important to do a range of activities that include fitness, strength, flexibility and balance. If you are not sure how to do all these types of activities, or you are not sure what activities are suitable for you, talk to your doctor or an exercise physiologist. They can help tailor a program just for you.

Managing your emotions



Many older people face significant life changes that can put them at risk of anxiety and depression. Loneliness and isolation, a reduced sense of purpose, fears about the future and bereavement can all contribute to feelings of helplessness and depression.

Living with diabetes can also be tiring and worrying for you and your family. Diabetes means you look after yourself every single day, with no breaks. This constant pressure can take its toll and you may feel anxious or depressed.

Symptoms of anxiety and depression in older people are sometimes not recognised, because they can be seen as part of 'growing old'. It is important for you to talk to your doctor or another health professional about getting the right advice and support.

Seek help if you:

- feel sad
- feel tired, sleep a lot or have daytime sleepiness
- have trouble falling or staying asleep
- have unexplained or aggravated aches and pains
- are reluctant to be with friends, participate in activities or leave your home
- lose weight or your appetite
- lack motivation or energy
- have slowed movement or speech
- neglect your personal care (such as skipping meals, forgetting your medicine or neglecting personal hygiene)
- are frequently worried or have concerns about a number of things in your life, including your health
- have feelings of worthlessness or self-loathing
- are fixated on death or have thoughts of harming yourself or suicide.

Healthy tip

If you or someone you know has feelings of anxiety and depression, speak to your doctor about accessing the support you need for your emotional wellbeing.

If you need to talk to someone immediately, please contact:

- Beyond Blue Support Service on **1300 22 46 36**
- Lifeline **13 11 14**.

Managing other health issues and complications



Healthy tip

Managing your diabetes can become more difficult with age. Communication is the key: ask questions of all of your health care providers, and make sure they are all talking to each other about your treatment as well.

As you get older, you may be more likely to have chronic (ongoing) health conditions in addition to diabetes. If you have had diabetes for some time, you may also have complications from your diabetes.

These additional health problems can make it more difficult to manage your diabetes and overall health. You may be under the care of several different health care providers, and you may take multiple medicines, which can make finding a balance more challenging.

For example, a medicine may be useful for treating one health problem, but it might make another condition worse.

Here are some tips if you have multiple health conditions and several health care providers are caring for you:

- Have regular medical check-ups.
- Make sure members of your health team are talking to each other about your care. Always having your GP as a central point of care can help with this. You can ask for copies of all your reports and results from other health care team members, such as a specialist or dietitian, to be sent to your GP.
- Make sure each member of your health team knows what your health priorities are.
- Be informed and do not be afraid to ask questions or to seek a second opinion or referral to a specialist.
- If you have any concerns about your medicines, talk to your pharmacist or doctor (see the 'Managing your medicines' section on page 18).

Healthy tip

The NDSS has a free booklet *You and your health care team - a guide for older people living with diabetes*, which is available by visiting ndss.com.au or by calling the NDSS Helpline on **1800 637 700**. The booklet provides information to help you work with your health care team.

Planning for your future



As you grow older, you need to make certain decisions about your future. You may need to decide when to get some extra help in the home, or when to move into an aged care facility, when to stop driving, or how you would like to be cared for towards the end of your life.

These things are not always easy to consider or talk about but starting the conversation about how you want to live later is a positive thing to do.

It is a great idea to involve your doctor in these decisions, and they can often refer you to the right people or organisation who can help further. Here are some things you could discuss with them:

- **An Aged Care Assessment Team (ACAT) review:** Your doctor can organise this if you need some extra help at home or if you are thinking about moving into an aged care facility. In most states, it is undertaken by an ACAT but in Victoria it is called the Aged Care Assessment Service (ACAS). Some people feel worried about the idea of an assessment, but it is just a way of working out how much help you need and what type of care or services you are eligible for. It is a free service. For the most up-to-date information about ACAT or ACAS and getting help at home, visit myagedcare.gov.au or call **1800 200 422**.
- **Advance Care Planning:** Advance Care Planning is a process that helps you plan for future medical care. It is relevant at any age. The planning process involves thinking about your values and beliefs and your wishes about what medical care you would like to have if you are not able to make your own decisions. An important part of the planning process is to discuss your wishes with your family and other people close to you, as well as talking to your health care team. You may also choose to write down your wishes in an Advance Care Directive. A good way to start this process is to talk to your doctor.

Healthy tip

You are never too young to start planning for the future.
Talk to your family and doctor about an Advance Care Directive.



Checklist

We hope this booklet has given you some helpful tips about living with diabetes as an older person. We have summarised these tips in a checklist (below) to help you manage diabetes as you age.

- Have your blood glucose target range regularly reviewed by your doctor – and keep blood glucose in your target range as much as possible.
- Ask your doctor or credentialled diabetes educator to assess your risk of hypoglycaemia and develop and review your hypoglycaemia plan with your health care team (if you inject insulin or take certain medicines for your diabetes).
- Develop or review your sick day plan with your health care team.
- Have the following things reviewed regularly by your health care team:
 - medicines
 - memory
 - falls risk
 - food choices
 - physical activity
 - emotional wellbeing.
- Make sure members of your health team are talking to each another about your health management.
- Consider getting a personal medical alarm.
- Talk to your family and doctor about an Advance Care Directive.

For more information about diabetes, visit ndss.com.au or call your state or territory diabetes organisation through the NDSS Helpline on **1800 637 700**.

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