Diabetes in the elderly

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ABSTRACT

Diabetes represents a major public health issue in the elderly, where it remains a risk factor for morbidity and mortality and impairment of quality of life. Its management is difficult because it requires patient cooperation, which is not always possible, and because of the iatrogenic risk particularly important in the elderly, especially hypoglycemia.

The notion of aging can cover very heterogeneous situations, ranging from the autonomous octogenarian and in good form to the totally dependent patient. The "fragile" patient, and the elderly diabetic is often fragile, is between these two extremes, with all the possible intermediaries. The goal of care differs from case to case. Thus, the prevention of complications of diabetes remains the priority objective as long as the subject is autonomous and does not present significant co-morbidities, while in the fragile patient, preference is given to preventing progression towards dependence. In the dependent patient, the objectives are the improvement of the quality of life and the symptomatic management.

The management of an elderly diabetic must take into account at the same time a double assessment diabetological (HbA1c, seniority of diabetes, micro and macroangiopathy) and gerontological (life expectancy, nutritional status, iatrogenic, cognitive function, autonomy ...).

The first nutritional goal facing an elderly diabetic patient is to avoid progression to undernutrition. Restrictions and dietary restrictions are therefore not appropriate, and often weight loss is no longer a reasonable goal, because of the risk of loss of lean body mass and aggravation of sarcopenia.

Strictly speaking, all antidiabetics can be used. The benchmarks proposed in the latest international recommendations remain applicable, but the practitioner must take into account certain prescriptive constraints related to the field:

- Adapt the dosage of metformin to renal function,

- Among the hypoglycemic sulfonamides, favor gliclazide and glimepiride over other potentially hypoglycemic agents. As regards repaglinide, it does not have marketing authorization beyond 75 years, but it is not contraindicated for that reason,

- Inhibitors of dipeptidyl peptidase-4 (DPP4) (saxa, sita and vildagliptin) are potentially interesting in the elderly diabetic, but there is a lack of hindsight to them,

- Inhibitors of alphaglucosidase (acarbose and miglitol) are more likely to be an entry treatment for elderly diabetics, in the absence of pre-existing digestive disorders,

- Finally, insulin therapy is readily used, either because of the development of diabetes, or because of the occurrence of an intercurrent event or drug interactions involving oral antidiabetic agents.