

DIABETES MANAGEMENT AT END OF LIFE

Palliative Care & End of Life Services
Clinical Practice Bulletin



DIABETES MANAGEMENT AT EOL

What is the Purpose?

These guidelines provide principles around diabetes management at EOL to ensure a balance occurs between the interventions and goals of care/prognosis.

The guidelines ensure:

- Involvement of individual and family
- Empowerment and autonomy is maintained by the individuals and their families
- Minimal interventions and monitoring to ensure individual safety and comfort
- Avoidance of metabolic decompensation and diabetesrelated emergencies
- Avoidance of foot complications, pressure sores, and symptomatic clinical dehydration
- An appropriate level of intervention matches the individuals' stage of illness and symptom-related needs

Consider this:

Lynn is a 71 year old lady with Type I diabetes, hypertension and severe heart and peripheral vascular disease.

Her prognosis is 3 months or less, PPS is 30% and she has a very poor appetite.



She asks about her diabetes management now that she is not exercising and eating less.

How might you respond?

To learn more, refer to the <u>Diabetes Management at EOL</u> <u>Guidelines</u>

PRACTICE TIPS C.

DIABETES MEDICATION MANAGEMENT: PALLIATIVE APPROACH

- Discussion of goals of care with individuals and family, agree to new glycemic targets and provide reassurance
- Recommended Glycemic Target: 6-15mmol/L
- Tailor glucose-lowering therapy and minimize diabetes-related adverse effects

Table resources:

- <u>Type 2 Diabetes: Non-Insulin</u> <u>medication considerations (pg 3)</u>
- Type 1 & Type 2 Diabetes: Insulin medication considerations (pg 4)
- <u>Insulin Dose Adjustment in Type 1 and Type 2 Diabetes Populations (pg 4)</u>
- Types of Insulin (pg 5)

Withdrawal of Treatment

- Consider withdrawal of part, or whole, of diabetes-related treatment:
 - When the individual is receiving endof-life care
 - When there is frequent treatmentrelated hypoglycemia
 - Where the benefits of stricter glucose control cannot be justified
 - Where BP or lipid-lowering therapy cannot be justified
 - Where food and fluids are not the choices for the individual
 - When treatment adds to symptom distress
- Factors influencing this process include:
 - Individual wishes/goals of care
 - Addressing concerns of the family for an unexpected death
 - Presence of an Advance Directive

RESOURCES

<u>Diabetes Management at End of Life</u> (IH insideNet)