

Keeping Up With the Elderly: Implications for Diabetes Education

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Americans are aging and developing diabetes at a rapid rate,¹ and ~ 40 million people will be affected by 2010.² The number of older people who require health services, including diabetes education, is also increasing at a similar pace. Understanding aging as a developmental process is extremely important in the provision of high-quality care to people with diabetes.

Older people can lead full and active lives that typically differ significantly from the lives of people who are 10 or 20 years younger. Although grouping all adults together may be convenient for maximizing the number of people in an education class, the results of such groupings should be thoroughly and systematically evaluated to ensure that patient goals are facilitated rather than impeded. The time for evaluating diabetes education interventions and strategies has arrived.

Surprisingly, some reports label individuals who may be as young as 55 or 60 years of age as “elderly.” However, experts in aging recognize that the term elderly does not mean one specific set of characteristics that can be defined simply by being older than a specific age. Today, the term elderly is typically used for those 70 years of age and older. In fact, the terms “young old,” “middle old,” and “old old” may better capture the heterogeneous nature of aging and illustrate the diversity among the elderly. Although most people > 70 years of age will experience some deterioration in physical strength and mental capacity, a patient’s ability to learn or to manage diabetes may not be diminished. Furthermore, although they

may be of the same age, those who are frail will have different health care requirements and diabetes education needs than those who are more robust.

That said, even subtle disruptions in memory and executive functions, such as organization, planning, and mental flexibility, may interfere with the implementation of complex diabetes regimens and require innovative strategies to help people maintain full and healthy lives while coping with diabetes and its treatment.^{3,4} Educators whose role is to help older people with diabetes integrate rigorous treatment prescriptions and recommendations into their lifestyle must understand the implications associated with aging. These include the impact of subtle cognitive changes on a patient’s ability to perform self-care tasks, multiple comorbidities, and increasing complexities of treatment prescriptions.

Diabetes education is moving from being simply an art to being an art that is based on rigorous science. More elderly people are seeking diabetes education. Thus, studies are needed to help diabetes educators understand how the normal processes associated with aging influence how older people learn about and live with diabetes and how diabetes and its treatment affect the processes associated with normal aging and quality of life for older people. Social factors, including loss of peers and change in family role; physical changes; complications and comorbidities; and mental changes may all affect and interact with diabetes self-management. Correlational studies have examined

some of these issues, but few definitive randomized controlled trials exist.

As educators become more sophisticated in their ability to use research and provide evidence-based clinical care, they must demand more high-quality research to help guide their practice in the areas of assessment, self-care goal setting, successful interventions and educational options, and evaluation, which will lead to improving the lives of older people with diabetes.

References

- ¹Warram JH, Krolewski AS: Epidemiology of diabetes mellitus. In *Joslin’s Diabetes Mellitus*. 14th ed. Kahn CR, King GL, Moses AC, Weir GC, Jacobson AM, Smith RJ, Eds. Philadelphia, Pa., Lippincott, Williams & Wilkins, 2005, p. 341–354
- ²Harris MI: Health care and health status and outcomes for patients with type 2 diabetes. *Diabetes Care* 23:754–758, 2000
- ³Sinclair AJ, Girling AJ, Bayer AJ: Cognitive dysfunction in older subjects with diabetes mellitus: impact on diabetes self-management and use of care services. *Diabetes Res Clin Pract* 50:203–212, 2000
- ⁴Munshi M, Grande L, Hayes M, Ayres D, Suhl A, Capelson R, Lin S, Milberg W, Weinger K: Cognitive dysfunction is associated with poor diabetes control in older adults. *Diabetes Care* 29:1794–1799, 2006

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