



Management of Diabetes Across the Life Spectrum

Preface

Medha N. Munshi, Guest Editor

The group of people we call “older adults” is a heterogeneous population with a wide range of clinical and psychosocial backgrounds. In any clinic, it is not uncommon to see an 80-year-old individual with diabetes who is highly functional, with few medical problems, engaging cognitively and functionally with the society. On the other hand, another 80-year-old person can be “frail,” struggling with many medical conditions, and in need of a great deal of support. We also know that the living situation of people in this age-group matters when we consider how to manage their diabetes. Some older adults live in the community setting and are independent in their diabetes self-care. However, many of our older patients live in assisted living facilities or nursing homes and face different challenges. Older adults who are admitted to a hospital or are in a rehabilitation facility need different approaches still.

The From Research to Practice section in this issue of *Diabetes Spectrum* is dedicated to a discussion of the challenges faced by older adults with diabetes in various living situations and the differing approaches that are required for their care. We have assembled a collection of articles by experts in this field to elucidate these issues. In our first article (p. 217), Alan J. Sinclair and Ahmed H. Abdelhafiz discuss independently community-living older

adults with diabetes and their heterogeneity in terms of overall health status and explain why and how diabetes management should be based on these patients’ functional status. Next (p. 227), Aidar R. Gosmanov, Carlos E. Mendez, and Guillermo E. Umpierrez outline key considerations involved in setting glycemic goals and making decisions about diabetes treatment strategies for older adults during hospitalizations. In our third article (p. 236), Naushira Pandya, Elizabeth Hames, and Sukhman Sandhu describe the complex interplay between the needs of older adults with diabetes living in nursing homes and the barriers to their care posed by the realities of life in a long-term care facility. Finally, Trisha Lynette Dunning provides important insights into palliative and end-of-life care for older people with diabetes (p. 246).

We hope the articles in this collection will be helpful for the many clinicians who are seeing increasing numbers of older adults with diabetes in their practices and who may be struggling to appropriately individualize their care. All diabetes care providers who treat older patients should be mindful of the unique health challenges such patients face in varied living situations. Such an awareness will help clinicians maximize the benefits of good diabetes control and avoid the harms of overtreatment in older patients with diabetes.

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