

Type 2 diabetes in primary care: Managing our vulnerable patients through the pandemic and beyond



Diabetes and frailty: Frequently asked questions (FAQs)

What has been the impact of the COVID-19 pandemic on frailty and sarcopenia in older people with type 2 diabetes?

- In general, the COVID-19 pandemic has had an impact on the number of people with frailty and sarcopenia.¹
- For older people with type 2 diabetes and comorbid frailty, COVID-19 poses a serious risk.² It is therefore important for primary care to be aware of older people with type 2 diabetes on their practice registers, and prioritise them for a holistic review.

At what stage should conversations be started with our older patients about frailty and its impact on self-care and type 2 diabetes?

- When thinking about discussing frailty with patients, it's important to be pre-emptive and plan ahead. Simple tools such as the Rockwood Clinical Frailty Scale³ are useful in assessing for frailty and can help to decide whether it is the right time to start having a discussion with the older person who has type 2 diabetes.
- Rather than using the term "frailty" in discussions with older people with type 2 diabetes, it may be more useful to focus on the importance of using the right medication for them and what they need from it.
- It is important to explain to the frail person with type 2 diabetes the reasons why de-escalation of diabetes treatment is needed. This may be due to risk of hypoglycaemia, or the presence of comorbidities such as renal impairment.⁴

How can we assess frailty in a virtual setting?

- One way to assess frailty at each virtual consultation is to measure the time it takes for the person to stand up from their chair and do a full 360° turn and then sit down again. If the person takes longer to do this over time, it may be an indication of increasing frailty, and further, more formal assessment may be required.

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Have any clinical studies examined the feasibility of individualising HbA1c targets in older people with type 2 diabetes?

- Few trials have aimed to establish the feasibility of individualising care in older people with type 2 diabetes.
- In a multinational, double-blind, 24-week study, individualised treatment targets were set on the basis of age, baseline HbA1c, comorbidities, and frailty status in drug-naive or inadequately controlled people with type 2 diabetes aged ≥ 70 years. Mean individualised HbA1c targets set by the investigators were approximately 53 mmol/mol (7.0%).⁵ This suggests that more education is needed to help healthcare professionals set appropriate glycaemic targets in this population.
- Recently published guidelines are now available to assist healthcare professionals in setting appropriate glycaemic targets in the older frail person with type 2 diabetes.⁶

What blood glucose targets should be set for the frail older person with type 2 diabetes who is doing home monitoring?

- Recent guidance recommends different fasting plasma glucose thresholds, depending on the levels of frailty:⁶
 - o For the healthy, prefrail or person with mild frailty: 5.0–7.2 mmol/L
 - o For the moderately frail: 6.0–8.3 mmol/L
 - o For the severely frail: 7.0–10.0 mmol/L
- HbA1c may not be a good efficacy measure for elderly patients with diabetes because a low red blood cell count increases the red blood cell lifespan, increasing levels of HbA1c.⁷ Recommended HbA1c targets in the frail person are as follows:⁶
 - o For the healthy, prefrail or person with mild frailty: < 58 mmol/mol ($< 7.5\%$), but ≥ 42 mmol/mol ($\geq 6.0\%$)
 - o For the moderately frail: < 64 mmol/mol ($< 8.0\%$)
 - o For the severely frail: < 69 mmol/mol ($< 8.5\%$)

Should older people with type 2 diabetes and frailty be routinely checked for vitamin B12 deficiency?

- In older adults with type 2 diabetes, metformin may be a risk factor for vitamin B12 deficiency.⁸
- Although not mandated in guidelines it is recommended that older people with type 2 diabetes and frailty be screened for vitamin B12 deficiency and managed appropriately.

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References:

1. Kirwan R et al. *GeroScience* 2020;42: 1547–78
2. Sinclair AJ and Forbes A. *Older people with diabetes – Why frailty imposes an additional challenge during the COVID-19 pandemic (April 2020)*. Available at: <https://www.touchendocrinology.com/insight/older-people-with-diabetes-why-frailty-imposes-an-additional-challenge-during-the-covid-19-pandemic/> (accessed June 2021)
3. Rockwood K et al. *Clinical Frailty Scale, 2007–2009. Version 1.2*. Available at: <https://www.dal.ca/sites/gmr/our-tools/clinical-frailty-scale.html> (accessed June 2021).
4. Strain WD et al. *Diabet Med* 2018;35:838–45
5. Strain WD et al. *Lancet* 2013;382:409–416
6. Strain WD et al. *Diabetes Ther* 2021;12:1227–47
7. Wu L et al. *PLoS ONE* 2017;12: e0184607
8. Masferrer D and Sánchez H. *J Diabetes Metab* 2014;6:487

