END OF LIFE GUIDANCE FOR DIABETES CARE

Access full documents at: trenddiabetes.online/portfolio/end-of-life-guidance-for-diabetes-care/

Over 5 million people have diabetes in the UK (Diabetes UK). Mortality is higher than in the non diabetes population, this may be as a result of diabetes related comorbidities. While diabetes is not the main cause of death it is important that their diabetes care is considered when planning care.

The estimated time left is aligned to factors such as the degree of frailty and support for daily living is needed.

The end of life phase begins when there is one year prognosis (GMC 2024).

There are 4 stages of end of life according to The Gold Services framework:

A.	1 year plus prognosis
B.	People with advanced disease and months prognosis
C.	People accessing continued care / deteriorating - with weeks prognosis
D.	Last days of life

Aim for glucose levels of 6-15 during the last year of life. Consider using continual glucose monitoring or flash glucose monitoring. HbA1c testing is not required in end of life care.

Some people are treated with steroids in the last year of life, this will cause hyperglycaemia - Click link for a treatment algorithm: www.abcd.care/resource/current/jbds-08-management-hyperglycaemia-and-steroid-glucocorticoid-therapy

Never stop insulin therapy in type 1 diabetes. A small once daily dose of a long acting insulin such as Degludec/ Glargine or Toujeo is recommended in the last days.

Diabetes medicines including insulin may be reduced or discontinued in type 2 diabetes depending on the individual's appetite, weight and glucose readings and after discussion with the person.

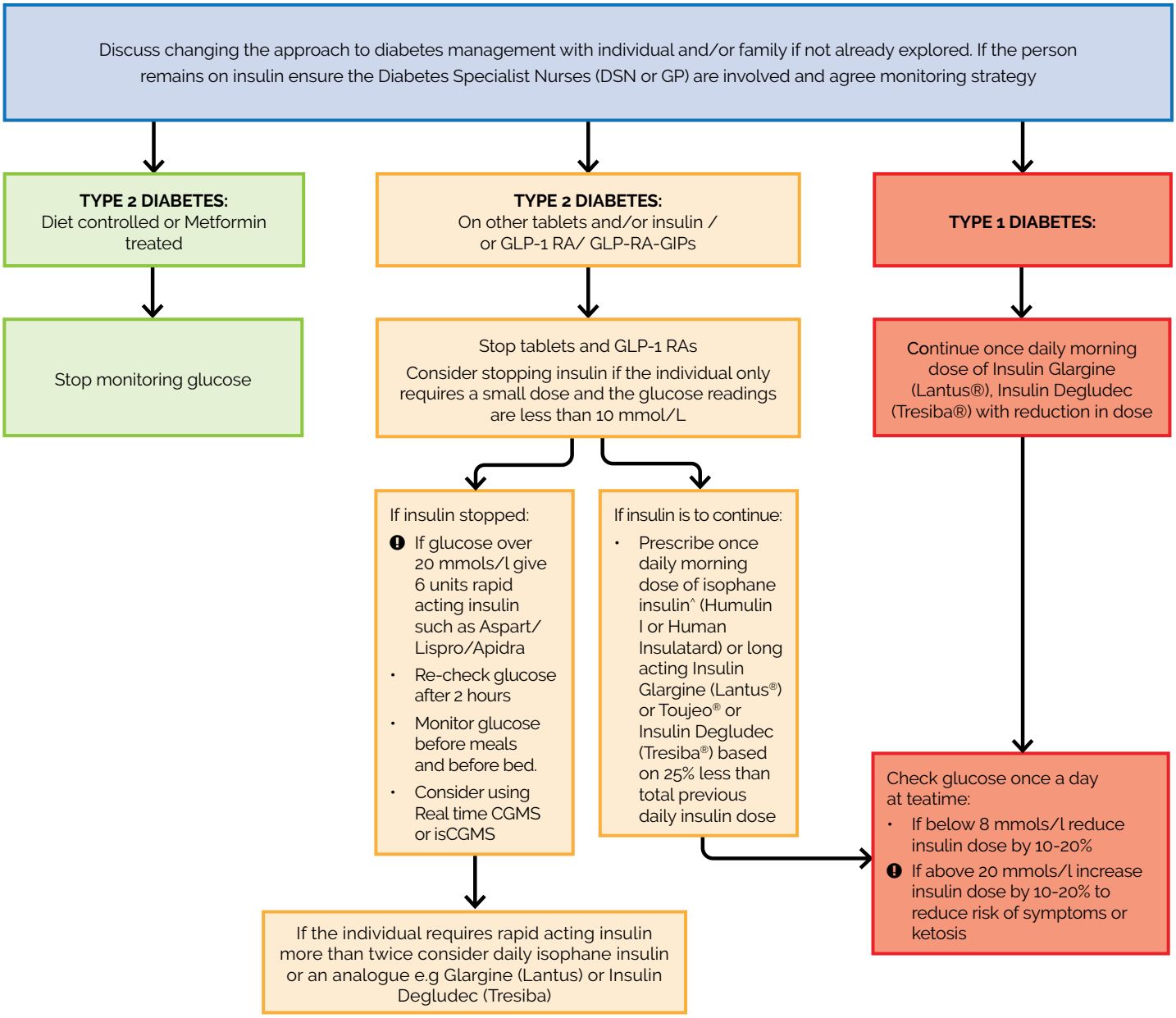
Avoid clinical dehydration and do not withdraw fluids unless it is the express wish of the person with diabetes or their carers following consultation with the healthcare team.

Always discuss treatment options with the individual - family, carers and GP should, where possible, be included in the discussion. Take account of capacity and hearing difficulties in older people. Many people will have completed an Advance Directive, an Advanced Statement or a ReSPECT Form - please check for this so the person's wishes are considered.

Care after death: From September 2024 every death in England and Wales will be scrutinised by a Medical Examiner and/or Coroner. Under the new legislation, an attending doctor who has seen the person alive during their lifetime may be asked to complete the medical certificate of cause of death. That will include those who have seen patients seen in hospital or in outpatient settings: www.legislation.gov.uk/uksi/2024/492/made

Continue over page

ALGORITHM FOR THE LAST DAYS OF LIFE



IMPORTANT INFORMATION:

- Aim for glucose readings of 6-15 mmol/L
- Keep tests to a minimum. It may be necessary to perform some tests to ensure unpleasant symptoms do not occur due to low or high glucose levels
- It is difficult to identify symptoms due to "hypo" or hyperglycaemia in a dying person
- If symptoms are observed it could be due to abnormal glucose levels
- Test blood for glucose if the person is symptomatic
- Observe for symptoms in previously insulin treated individual where insulin has been discontinued
- rtCGMS or isCGM glucose monitoring may be useful in these individuals to avoid finger prick testing
- **Be aware when adjusting insulin doses to address hyperglycaemia in individuals at risk of insulin sensitivity such as those with CKD, cancer or frailty that dose adjustment will need to be in line with their specific clinical needs**

info@trenddiabetes.online www.trenddiabetes.online 𝕏 @TrendDiabetes