



EDITORIAL

Diabetes and Dementia: The Forgotten Population?

Parijat De

Consultant and Clinical Lead in Diabetes and Endocrinology Sandwell and West Birmingham Hospitals NHS Trust, United Kingdom.

Prevalence of both diabetes and dementia is increasing around the world. Alzheimer's Disease International published a report on the impact of dementia globally in the next 40 years [1]. As of 2015 there are 46.8 million people with dementia in the world and this is said to rise over 131.5 million by 2050. The report highlighted the significant economic burden of dementia and the likelihood of this increasing further in future. In England, Diabetes UK have issued a document on the impact of diabetes [2]. The estimated diabetes prevalence for adults between the ages of 20 and 70 worldwide for 2015 was 415 million and it is expected to rise to 642 million, thus affecting one person in 10 by 2040.

The impact of dementia and diabetes and the predicted increase in burden in the coming decades make it necessary to understand and manage patients with both conditions appropriately.

We recently undertook a review of patients with both dementia and diabetes admitted to Sandwell and West Birmingham Hospitals NHS Trust (UK) and found that over 500 such patients had been seen in the our hospital in 1 year, accounting for over 1,000 separate admissions. We undertook a snap-shot audit of a cohort of 141 patients with Type 2 diabetes with a mean age 82.5 years. 17 (12%) patients had vascular dementia, 44 (31%) had Alzheimer's, 2 (1.5%) mixed and 78 (55%) were not coded for any diagnosis. 56 (40%) lived in care homes and 85 (60%) lived in their own homes. Mean HbA1c was 56 mmol/mol. Mean length of stay was 8.5 days (median 4 days).

In terms of medication, 25 patients (18%) were on sulfonylureas, 28 (20%) on DPP-4 inhibitors, 63 (45%) on metformin, 33 (23%) were on insulin, 6 (4%) were on a sulfonylurea and insulin combination, 11 (8%) were on three or more agents and 25 (28%) were not taking any medication.

26 patients (18%) had at least one episode of hypoglycaemia as an inpatient and 15 (11%) suffered with clinically significant hypoglycaemia (<3 mmol/L).

According to our findings, 74 patients (53%) with diabetes and dementia were taking hypoglycaemia-causing medications and would have needed intervention with medication adjustment,

HbA1c review or management of glycaemic abnormalities. Each of these patients would benefit from a focused diabetes review.

Thus the diabetes and dementia cohort of patients need to be identified and targeted regardless of the reason for admission. The main focus needs to be on medicines management in order to optimise and provide safer care and reduce hypoglycemia in this vulnerable group.

Medical teams (especially elderly care wards) and nursing teams in hospitals, care homes and community care need to be aware of focused review of such patients and the need to be referred early to the diabetes specialist teams. The aims in such patients should be to optimise treatment targets, ensure up-to-date diabetes control and testing and improve overall diabetes care. This should include need to stop or reduce unnecessary hypoglycaemia-causing medications as well as simplifying diabetes and insulin regimes (thus reducing hypoglycaemia risk), ensuring inpatient foot assessments and very importantly, involving carers/family early on where possible and create a plan for them and their family practitioner to follow.

It is time that we target this forgotten population specifically with interventions that will no doubt translate into long-term cost savings through improved safety and patient flow, better carer knowledge and reduced length of stay. Review of such patients is an opportunity to provide focused specialist care that these vulnerable patients may not otherwise have been able to obtain consistently in the past.

References:

1. Alzheimer's Disease International. World Alzheimer Report (2015) The Global Impact of Dementia: An analysis of prevalence, incidence, cost and trends. [[View Article](#)]
2. Diabetes UK (2016) Facts and stats. [[View Article](#)]

Correspondence to: Parijat De, Consultant and Clinical Lead in Diabetes and Endocrinology Sandwell and West Birmingham Hospitals NHS Trust, United Kingdom. Tel: 01215074104; Email: p[DOT]de[AT]nhs[DOT]net

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