

# PRIMARY CARE 10 TOP TIPS

## Diabetes Mellitus

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- 1** Type 1 and Type 2 Diabetes Mellitus are very common in palliative care. Continue some form of insulin therapy in Type 1 Diabetes Mellitus. Consider switching from multiple to a single daily dose of insulin. Insulin pump therapy can often be continued if the person wishes to or has carer support. Seek advice on insulin adjustment regime from local diabetes specialists. It is likely to be possible to stop insulin in most cases of Type 2 DM. Use as few hypoglycaemic agents as possible.
- 2** Ensure the patient and their family understand any treatment changes and the aim behind them; to reduce immediate problems rather than preventing long term complications.
- 3** Suggest new goals for glycaemic control and monitoring, such as decreasing frequency of blood glucose (BG) monitoring. Ensure you explain your rationale, as changes may feel stressful to patients. Only monitor if you will take action with the result.
- 4** Tight blood sugar control is less important. Aim for levels between 6 and 15 mmol/ml. Discuss and plan care, consider the effect that disease progression (weight loss, inactivity, anorexia) is likely to have on diabetes control. Some individuals may be using continuous glucose sensors or Freestyle Libre® glucose monitoring. These systems can be continued with appropriate support.
- 5** Stop other routine monitoring: BP, HbA1c, renal function and urinalysis (which are unlikely to alter management in last days of life). Consider stopping all treatments aimed at reducing long-term complications: Aspirin, Statins, ACE/A2A.
- 6** Cancer symptoms can mimic hyperglycaemia (thirst, dry mouth, fatigue and nausea) and hypoglycaemia (hunger, sweating, anxiety, dizziness, fainting and confusion), so if the patient's condition deteriorates consider these.
- 7** Develop a management and emergency plan to avoid hypoglycaemia and diabetic ketoacidosis. Both can cause unpleasant symptoms and correction may improve quality of life, even in the end stage.
- 8** Disease and treatments may affect blood glucose levels. High dose steroids may cause hyperglycaemia, so consider a pre-emptive management plan.
- 9** Relax the patient's diet – allow the patient to eat the food they feel like eating.
- 10** Good communication is vital. Care is a partnership between the patient, their family and the professionals involved.

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