Pharmacist's Letter
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Help Keep Older Adults With Diabetes Safe

You may see **more older adults back off diabetes meds as they age**.

Treatment with multiple diabetes meds can cause low blood sugar...leading to falls, worsening memory, heart events, and even death.

And as patients get older, reducing med burden and improving quality of life may be more important than reaching aggressive blood sugar goals.

Follow these 4 “S” steps to help your pharmacist identify opportunities to optimize diabetes meds in older adults.

Seek triggers. Look for red flags that may indicate a need to reevaluate treatment goals or strategies.

For example, listen for patients who seem confused or complain of dizziness, excessive drowsiness, or sleep problems. Alert your pharmacist...since these could be signs of low blood sugar.

Watch for unintended or unexplained weight loss...this might be a side effect of diabetes meds, such as a GLP-1 agonist (semaglutide, etc).

Share decision-making. Work together with the patient and their caregiver to update their med list with ALL of their Rxs, OTCs, and supplements...plus the indication. Also ask about recent health changes.

For example, your pharmacist will discuss the reasons that med changes may be needed, such as a recent fall or hospitalization, and address concerns from older adults and their caregivers.

Set or reset goals. Check that patients have a blood glucose meter or a continuous glucose monitor (CGM) and testing supplies...and help obtain Rxs for these if needed.

Ask patients if they know what blood sugar numbers they’re aiming for...and refer them to the pharmacist if they’re not sure.

Be aware, patients with a history of recurrent severe low blood sugar, limited life expectancy, frailty, etc, may need relaxed blood sugar goals to reduce the risk of adverse events and mortality.

Simplify and select safer treatment. Look for prescribers to reduce doses or stop a diabetes med if it may be causing issues.

For instance, if low blood sugar is the problem, sulfonylureas (glyburide, etc) or insulin dosing may be lowered or stopped.

Include any tapering instructions from e-Rx notes on the Rx label...and help discontinue old Rxs if needed. Also remember to take discontinued meds off auto refill...so patients don’t get them by mistake.

Stay alert for drug-age computer alerts. Certain diabetes meds, such as glimepiride and glyburide, are on the Beers Criteria of potentially harmful drugs in patients 65 years and older.

These have a higher risk of low blood sugar and cardiovascular death in older adults. Help your pharmacist find an alternative.

See our toolbox, *Chronic Meds in the Elderly: Taking a “Less Is More” Approach*, for more ways to help patients wanting to stop meds.

Key References:

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