

Geriatrics 14 Session Summary

The number of older adults with diabetes is increasing due to the westernization of lifestyles and the aging of the population. Older adults with diabetes are often associated with geriatric syndromes such as cognitive impairment, frailty, falls, depression, malnutrition, and polypharmacy, which are barriers to diabetes treatment. They are prone to severe hypoglycemia, which can lead to macrovascular complications, dementia, falls, and fractures. In addition, treatment of type 1 diabetes who are at high risk for dementia is also a serious issue.

Number of reports on the simplification of insulin therapy for patients with poor adherence is increasing. Although the use of SGLT2 inhibitors and GLP-1 receptor agonists has been shown to reduce the risk of cardiovascular disease, heart failure, and worsening renal function even in the elderly, safety concerns remain.

Glycemic control goals for older diabetes in the U.S., Europe, and Japan are set based on hypoglycemic risk and categorization into categories that consider ADL, cognitive function, comorbidities, or institutionalization. Further evidence is needed on this glycemic control target and its categorization.

We look forward to a lively discussion on these various issues of older adults with diabetes mellitus at this symposium.