

End of Life (EOL) Diabetes Mellitus Management.

Definition of End of Life (EOL)

Individuals are 'approaching the end of life' when they are likely to die within the next 12 months.

EOL includes imminent death **and** those with: a. Advanced, progressive, incurable conditions; b. General frailty and co-existing conditions; c. Existing conditions, at risk of dying from a sudden acute crisis in their condition, d. Life-threatening acute conditions caused by sudden catastrophic events.

The Gold Standards Framework stratifies EOL into 4 main phases:

- a. Stable from diagnosis (years)
- b. Unstable, advanced disease (months)
- c. Deteriorating, exacerbations (weeks)
- d. Last days of life (days)

Principles for management of diabetes at the end of life

- Aims for glycaemic control
 - Aim 1 - **no glucose level below 6**
 - Aim 2 - **avoid glucose levels above 15** (limits may be individualised)
- Consider and discuss individual and carer expectation
- Reduce short-term risks of hypoglycaemia and hyperglycaemia
 - Long-term benefits of tight glycaemic control no longer apply
- Manage the effects of other medications such as glucocorticosteroids
- Tailor diabetes medications appropriately

Clinical care recommendations

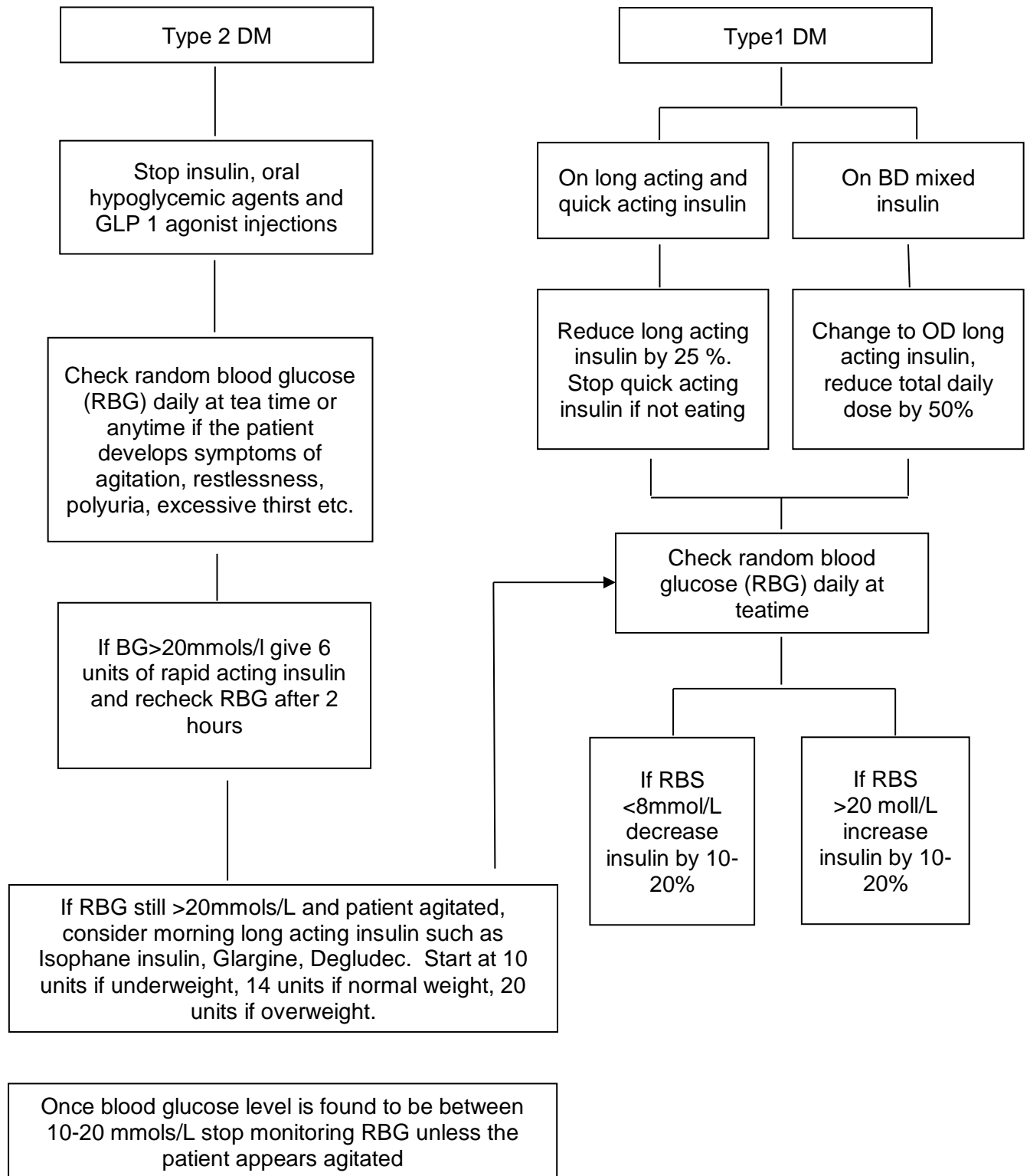
- The need to balance benefits of diabetes interventions with prognosis/estimated time of life left
- As end of life approaches to minimise interventions and monitoring to keep the individual comfortable without compromising safety (i.e. avoid DKA or other metabolic complications)
- To involve individuals and family in decisions about diabetes management
- Diabetes management requirements can change quickly with steroid use, weight loss, liver or renal disease
- Involve the diabetes specialist nurse and dietician especially if the individual has type 1 diabetes or type 2 treated with insulin

Thing to be considered for the **Last Days of Life** (see also algorithm overleaf)

- Keep tests to a minimum.
- Symptoms could be due to abnormal blood glucose *but* can be difficult to identify symptoms due to "hypo" or hyperglycaemia in a dying patient
- Test random blood for glucose if the patient is symptomatic
- Observe for symptoms in previously insulin treated patient where insulin has been discontinued.

Algorithm for Diabetes care in Last Days of Life

Discuss changes with patient / carer where possible. Refer Diabetes Team for advice as needed.



Discuss patients on insulin pumps if they wish to change to s/c insulin injections. Reduce basal rate by 25% and refer to DSN.

