HPC Consultation Services
Waterloo Wellington

Hospice Palliative Care
Tip of the Month – October 2017

Managing Diabetes Mellitus (DM) with a Palliative Approach to Care

Special Considerations at End of Life

- Common symptoms at EOL, such as poor appetite, reduced intake and nausea/vomiting may increase risk of hypoglycemia.
- Metabolic disturbances, such as cachexia, may make tight blood glucose (BG) control difficult.
- Both diabetic and non-diabetic patients being treated with steroids may experience hyperglycemia as a side effect of treatment.

Revisiting Goals of Care When Life Expectancy is Limited

- Tight control of BG levels aimed at reducing long-term complications of DM are no longer necessary.
- Goals may now include (according to patients' wishes):
  - Less frequent BG monitoring and insulin injections.
  - Decreased pill burden.
  - Preventing symptoms of hyperglycemia that impact quality of life.
  - Preventing episodes of hypoglycemia that expose the patient to risk of coma and hypoglycemia-related death.

Source: *Pallium Canada (2016) The pallium palliative pocketbook.*

Revising Treatment Plan Accordingly

- All treatment decisions should be individualized and in keeping with the patients' goals of care. Whether the patient has Type 1 or Type 2 DM will guide the treatment plan.
- Newer guidelines suggest that interventions might include:
  - **Type 1:** Consider ongoing insulin treatment at a lower dose if BG levels are high enough to cause symptoms. Individualized Short-Acting insulin sliding scales on a PRN basis may be helpful.
  - **Type 2:** Reducing or stopping hypoglycemic treatments and BG monitoring unless symptomatic hyperglycemia is suspected.