CADTH RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS

Management of Diabetes in Long-Term Care Facilities: Guidelines
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Acknowledgments:

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About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada’s health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Funding: CADTH receives funding from Canada’s federal, provincial, and territorial governments, with the exception of Quebec.
Research Question
1. What are the evidence-based guidelines for the management of patients with diabetes in long-term care facilities?

Key Findings
One evidence-based guideline was identified regarding the management of patients with diabetes in long-term care facilities.

Methods
A limited literature search was conducted on key resources including PubMed, CINAHL, the Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. A methodological filter was applied to limit retrieval to guidelines. The search was limited to English language documents published between Jan 01, 2013 and Jun 19, 2018. Internet links were provided, where available.

Selection Criteria
One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

<table>
<thead>
<tr>
<th>Population</th>
<th>Patients with diabetes in long-term care facilities</th>
</tr>
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<tbody>
<tr>
<td>Intervention</td>
<td>Insulin therapy</td>
</tr>
<tr>
<td>Comparator</td>
<td>No comparator</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Evidence-based guidelines (frequency of blood glucose monitoring, therapy targets, medication regime, etc.)</td>
</tr>
<tr>
<td>Study Designs</td>
<td>Evidence-based guidelines</td>
</tr>
</tbody>
</table>
Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Normally, health technology assessment reports, systematic reviews, and meta-analyses are presented first; however in reports where guidelines are primarily sought, the aforementioned evidence types are presented in the appendix.

One evidence-based guideline was identified regarding the management of patients with diabetes in long-term care facilities. Additional references of potential interest are provided in the appendix.

Overall Summary of Findings

One evidence-based guideline was identified regarding the management of patients with diabetes in long-term care facilities. The Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada provided various recommendations regarding insulin therapy for the management of diabetes in older people. Key recommendations for older adults with diabetes include:

- For those with multiple comorbidities and/or frailty, hypoglycemia should be strictly prevented, e.g., via the choice of antihyperglycemic therapy and less stringent glycated hemoglobin (A1C) target;
- A higher A1C target of 7.1 to 8.0% may be considered for functionally dependent older adults taking antihyperglycemic agent(s) with risk of hypoglycemia;
- A higher A1C target of 7.1 to 8.5% may be considered for older adults with frailty and/or dementia taking antihyperglycemic agent(s) with risk of hypoglycemia;
- A1C measurement is not recommended for end of life care. Symptomatic hyperglycemia and any hypoglycemia should be avoided;
- Use of reactive and supplemental insulin protocols should be avoided in elderly Long Term Care residents to prevent deteriorating glycemic control.

References Summarized

Guidelines and Recommendations

Appendix — Further Information

Previous CADTH Reports


Guidelines – Systematic Methods Not Described


Additional References

Position Statements


Formulary