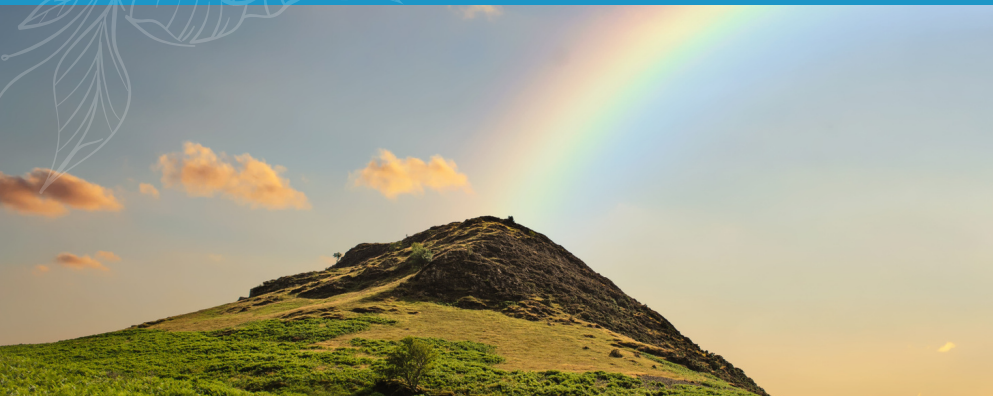


# DIABETES MANAGEMENT AT END OF LIFE

Palliative Care & End of Life Services  
Clinical Practice Bulletin



## DIABETES MANAGEMENT AT EOL

### What is the Purpose?

These guidelines provide principles around diabetes management at EOL to ensure a balance occurs between the interventions and goals of care/prognosis.

The guidelines ensure:

- Involvement of individual and family
- Empowerment and autonomy is maintained by the individuals and their families
- Minimal interventions and monitoring to ensure individual safety and comfort
- Avoidance of metabolic decompensation and diabetes-related emergencies
- Avoidance of foot complications, pressure sores, and symptomatic clinical dehydration
- An appropriate level of intervention matches the individuals' stage of illness and symptom-related needs

### Consider this:

Lynn is a 71 year old lady with Type I diabetes, hypertension and severe heart and peripheral vascular disease. Her prognosis is 3 months or less, PPS is 30% and she has a very poor appetite.

She asks about her diabetes management now that she is not exercising and eating less.

How might you respond?

To learn more, refer to the [Diabetes Management at EOL Guidelines](#)



## PRACTICE TIPS



### DIABETES MEDICATION MANAGEMENT: PALLIATIVE APPROACH

- Discussion of goals of care with individuals and family, agree to new glycemic targets and provide reassurance
- Recommended Glycemic Target: 6-15mmol/L
- Tailor glucose-lowering therapy and minimize diabetes-related adverse effects

#### Table resources:

- [Type 2 Diabetes: Non-Insulin medication considerations \(pg 3\)](#)
- [Type 1 & Type 2 Diabetes: Insulin medication considerations \(pg 4\)](#)
- [Insulin Dose Adjustment in Type 1 and Type 2 Diabetes Populations \(pg 4\)](#)
- [Types of Insulin \(pg 5\)](#)

### Withdrawal of Treatment

- Consider withdrawal of part, or whole, of diabetes-related treatment:
  - When the individual is receiving end-of-life care
  - When there is frequent treatment-related hypoglycemia
  - Where the benefits of stricter glucose control cannot be justified
  - Where BP or lipid-lowering therapy cannot be justified
  - Where food and fluids are not the choices for the individual
  - When treatment adds to symptom distress
- Factors influencing this process include:
  - Individual wishes/goals of care
  - Addressing concerns of the family for an unexpected death
  - Presence of an Advance Directive

### RESOURCES

[Diabetes Management at End of Life \(IH insideNet\)](#)