

Understand Diabetes Management in Older Adults

You'll hear about the **"4S pathway" to help simplify and deprescribe diabetes meds in older adults.**

Reducing med burden and improving quality of life in older patients may be more important than preventing long-term complications.

Plus intensive treatment can cause low blood sugar in older adults and may lead to falls, cognitive changes, and cardiac events.

Follow these 4 "S" steps to ensure safe use of diabetes meds in older adults.

Seek triggers. Look for red flags that may indicate a need to reevaluate treatment goals or strategies in older adults.

For example, keep profiles updated with the patient's current weight. An unintended weight loss might be a side effect of a diabetes med, such as with a GLP-1 agonist (semaglutide, etc).

Or patients with cognitive changes, excessive drowsiness, or sleep problems may need investigation for low blood sugar.

Share decision-making. Work together with the patient and their caregiver to collect necessary health information so your pharmacist can weigh treatment benefits and risks.

For example, your pharmacist will discuss the reasons that therapy changes may be needed...and address concerns from older adults and their caregivers.

Set or reset goals. Continue to keep patients' medical conditions current...so the pharmacist can evaluate whether diabetes treatment goals or diabetes meds may need adjusting.

For example, older patients with a history of recurrent severe low blood sugar, limited life expectancy, frailty, etc, may need relaxed treatment goals to reduce the risk of adverse events and mortality.

Simplify and select safer treatment. Watch for drug changes...and help discontinue old Rx's if needed. Prescribers may stop or reduce the dose of the diabetes med most likely associated with a red flag.

For instance, if low blood sugar is the problem, sulfonylureas (glyburide, etc) or insulin dosing may be adjusted or stopped...or basal insulin may be switched to morning dosing if low blood sugar happens at night.

Stay alert for patients with kidney problems. For example, expect med changes or lower doses of metformin, sulfonylureas, and SGLT2 inhibitors (dapagliflozin, etc) in patients with severe kidney impairment.

See our toolbox, Chronic Meds in the Elderly: Taking a "Less Is More" Approach, for tips on reducing meds for other conditions.

Key References:

- Munshi M, Kahkoska A, Neumiller JJ, et al. Realigning diabetes regimens in older adults: a 4S Pathway to guide simplification and deprescribing strategies. *Lancet Diabetes Endocrinol.* 2025 May;13(5):427-437.
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