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Approach to Diabetes in the Robust Elderly Patient

Type 2 diabetes mellitus (T2DM) is a chronic disease that affects millions of people worldwide, and its prevalence increases with age. Data and statistics on diabetes show the growing global burden it places on individuals, families, and countries. Based on the 2021 edition of the International Diabetes Federation (IDF) Atlas, 10.5% of the adult population (ages 20–79) has diabetes, and nearly half are unaware that they have the disease globally.

For 2045, IDF projections indicate that 1 in every 8 adults, approximately 783 million, will live with diabetes, representing a 46% increase. The main factors contributing to the rise of T2DM are urbanization, population aging, decreased physical activity levels, and increased prevalence of overweight and obesity [1].

Given the strong association of T2DM with advanced age, it constitutes a significant public health problem in aging populations. Additionally, the aging of the population, driven by increased life expectancy in high- and middle-income countries, leads to an increase in the prevalence of T2DM [2-5]. Although the same diagnostic criteria apply to both elderly and young patients, there are unique aspects in the care of elderly patients with T2DM. Both therapeutic goals and preferred drugs, as well as non-pharmacological approaches, should be adjusted based on age, but above all, based on functionality. Therefore, we can speak of frail elderly, referring to those with worse functionality who meet frailty conditions, and robust elderly [6]. In the case of robust elderly patients, that is, those who maintain good overall health and autonomy, managing diabetes presents particular challenges and opportunities. This article aims to provide an overview of best practices and considerations for managing diabetes in this specific group.

CHARACTERISTICS OF THE ROBUST ELDERLY PATIENT

The robust elderly patient is distinguished by their ability to lead an active and independent life, with few comorbidities and good functional reserve. In short, they have good functional status, the absence of frailty, and the ability to lead an active and independent life. Unlike frail elderly patients, these individuals respond better to treatments and can benefit from more intensive interventions in managing their diabetes, as they tolerate treatments better and can benefit from strategies aimed not only at glycemic control but also at preventing long-term complications [2].

Treatment Goals

1. Glycemic Control

The primary goal of managing diabetes in robust elderly patients is to maintain

blood glucose levels that minimize the risk of both acute complications (such as hypoglycemia and hyperglycemia) and chronic complications (such as cardiovascular disease, nephropathy, and retinopathy) [7-9].

2. Quality of Life

Preserving the patient's quality of life is essential, avoiding treatments that may interfere with their independence and overall well-being [8].

3. Prevention of Complications

Preventing microvascular complications, such as nephropathy (kidney involvement), neuropathy (nervous system involvement), and retinopathy (retina involvement), and macrovascular complications (acute myocardial infarction or stroke) should be a priority, adapting therapeutic strategies to the patient's individual needs and capabilities [8].

4. Management Strategies

4.1. Comprehensive Patient Assessment

A comprehensive approach should include the evaluation of the patient's physical condition, nutritional status, cognitive function, and social support. This assessment allows for the customization of the treatment plan and adjustment of therapeutic goals [8-9].

4.2. Diet Plan

A balanced diet tailored to the robust elderly patient's caloric and nutritional needs is essential. Nutrient-rich foods with low refined sugars and saturated fats are recommended.

4.3. Physical Activity

Regular exercise is crucial for glycemic control and the elderly patient's general health. Moderate physical activities such as walking, swimming, or resistance exercises are recommended, always considering the patient's physical limitations and preferences [7].

Cardiovascular exercise helps improve cardiovascular health and control wei- ➤

THE MANAGEMENT OF DIABETES IN THE ROBUST ELDERLY PATIENT REQUIRES A PERSONALIZED APPROACH THAT BALANCES GLYCEMIC CONTROL WITH THE PRESERVATION OF QUALITY OF LIFE AND THE PREVENTION OF COMPLICATIONS

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» ght, two essential factors in managing diabetes. It also helps increase insulin sensitivity, allowing the body to better regulate blood sugar levels.

Strength training also offers benefits. It can increase muscle mass, improve insulin sensitivity, and help control blood sugar using weights or resistance bands to strengthen muscles. Additionally, strength training helps prevent muscle mass loss, which is common in people with diabetes. Flexibility exercises are also beneficial. These exercises focus on stretching and improving joint mobility, helping reduce injury risk and improving overall physical performance. Examples of flexibility exercises include yoga, pilates, and stretching routines.

For exercise frequency, at least 150 minutes of moderate-intensity aerobic exercise should be performed weekly, spread over several days, possibly in shorter sessions of 10-15 minutes. Strength exercises should also be done at least twice a week, focusing on major muscle groups [1,10].

4.4. Pharmacotherapy

Older adults often take multiple drugs for various conditions. It is essential to periodically review the drugs to avoid adverse interactions and simplify regimens when possible.

The comprehensive patient assessment, including a full evaluation of the patient's health, cognitive, and functional aspects, can help personalize the treatment.

When choosing treatment, it is very important to consider the patient's preferences: therapeutic decisions should align with the patient's desires and ex- »

» expectations, encouraging active participation in managing their disease. The choice of drugs should consider efficacy, side effect profiles, and patient adherence. Options include:

- Metformin: generally the first-line drug due to its efficacy and low risk of hypoglycemia.
- DPP-4 Inhibitors: widely used in older patients, as they have few side effects.
- SGLT2 Inhibitors and GLP-1 Agonists: these drugs offer additional benefits in terms of reducing cardiovascular and renal events but should be used cautiously in patients at risk for dehydration or genitourinary infections.
- Insulin: may be necessary in some cases but should be monitored for hypoglycemia, especially nocturnal hypoglycemia [10].

4.5. Follow-up

Regular follow-up with the medical team is essential. Blood glucose, HbA1c, lipids, renal function, retinal exams, and foot examinations should be periodically evaluated. Comprehensive diabetes management may require collaboration with various healthcare professionals, including family doctors, nurses, endocrinologists, and others.

4.6. Education and Support

Educating the patient and their caregivers about diabe-

tes, diet management, the importance of exercise, and proper medication use is crucial for treatment success.

Comprehensive diabetes management may require collaboration with various health care professionals, including endocrinologists, nutritionists, diabetes educators, and physical therapists. **D**

CONCLUSIONS

Managing diabetes in the robust elderly patient requires a personalized approach that balances glycemic control with preserving quality of life and preventing complications. Comprehensive evaluation, dietary interventions, regular exercise, careful pharmacotherapy selection, and follow-up are key components of an effective treatment plan. With these strategies, it is possible to significantly improve the health and well-being of elderly patients with diabetes, enabling them to maintain their robustness and quality of life over time.

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