

# Hypoglycaemia Risk in the Elderly with DM2

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## Quality issue / initial problem

Hypoglycaemia is twice as common in those older than 75 years of age. Older people have different responses to hypoglycaemia in that they are more likely to have symptoms such as confusion, drowsiness, lack of coordination, slurring of speech, atypical behaviour and aggression; it is more likely to go undetected and may present as confusion. Reduced appetite, weight loss, muscle loss or deteriorating renal function can also contribute to a higher risk of hypoglycaemia <sup>Fernando (2019)</sup>. OMP has 23 people over the age of 75 years with Diabetes who receive a Sulphonylurea (SU) medication as part of their treatment.

## Specific aim

Between June 2018 and April 2019 OMP will consider stopping SU therapy in those over the age of 75 years with an HbA1c equal or less than 58mmol/mol to reduce the risk of hypoglycaemia.

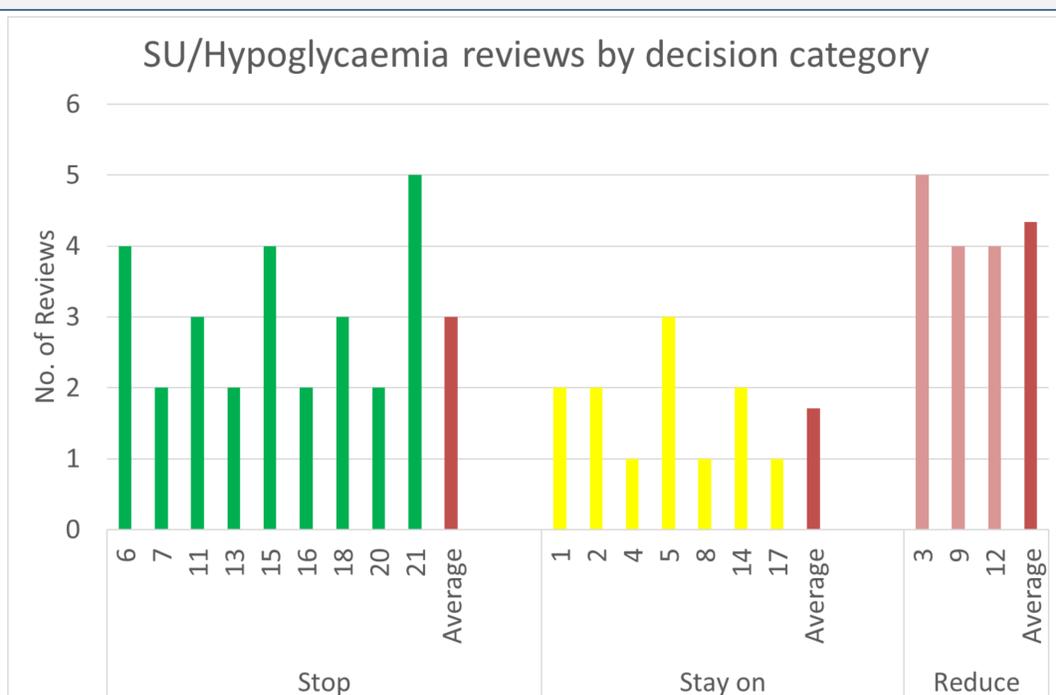
## Measurement of improvement and QI tools

Outcome measure – Each patient has had a medication review

Process measure – see chart

Balancing measures – QI training of staff, type of prescription change and patient experience

QI Tool – Process Map



## Tests of change

- SU discussed at each review
- Coding of hypoglycaemia related events
- Reduction in prescribing of SU's in >75yrs.

## Patient/Staff Experience

Where appropriate each person was provided with a leaflet detailing the effects of a Hypoglycaemic event. The leaflets were designed with patient involvement and checks were made at review if the information contained within was recalled.

## Effects of change

The person's needs and circumstances will be reassessed at each review and treatment choices and targets will be personalised. An SU proforma could be inserted in to Vision, so that osmotic symptoms and hypoglycaemic events can be recorded and coded more easily by the practice for everyone with Diabetes.

## Lessons learned and message for others

For those patients where the decision was made to stay on the SU, they were not reviewed as often as those where the decision was made to stop or reduce, despite being at the higher level of risk. This was due to the focus during the time period on avoiding hyperglycaemic response in those that stopped. With the use of additional QI Tools such as Fishbone and a more extensive Process Map – further changes could be made to the reviews to ensure a more comprehensive approach and a specific, focused, outcome measure.

Fernando K & Gilles J (2019) Personalised Care for people with Type 2 Diabetes. Scottish School of Primary Care Briefing Paper