

# LIVING WITH DIABETES AND DEMENTIA



## ➤ WHY IS THIS LEAFLET FOR YOU AND YOUR CARER?

Dementia can lead to problems with your memory and communication. This can make it difficult to care for your diabetes. Diabetes can also have an impact on your memory and understanding.

This leaflet describes some of the issues that someone who has both conditions may face.

SANOFI DIABETES 

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## ➤ WHAT IS DIABETES?

Diabetes is a condition in which the amount of glucose in the blood is too high because either the pancreas does not make enough insulin, or the insulin does not work properly, or a combination of both. There are two main types of diabetes:

Type 1 diabetes develops when the insulin-producing cells in the pancreas have been destroyed and the body cannot produce insulin. As insulin is essential for blood glucose control and energy production, type 1 diabetes is always treated with insulin injections

Type 2 diabetes develops when the pancreas can still produce insulin but not enough to control the glucose level in the blood, or the body is less responsive to the effects of insulin. It is treated by losing weight if appropriate, following a healthy eating and regular activity plan. Tablets and injectable medication may also be required, including insulin.

## ➤ WHAT IS DEMENTIA?

There are over 200 types of dementia, with Alzheimer's and vascular dementia being two of the most common. It is a progressive condition affecting nerve cells in the brain which disrupts messages being sent to and from the brain.



## > HOW DOES DIABETES AFFECT LIVING WITH DEMENTIA?



You may feel more tired if your diabetes is not controlled as your body cannot use the glucose in your blood for energy properly. Tiredness can make it harder to concentrate, understand what people are saying to you, and harder for you to find the words you want to say.



Certain diabetes treatments, including insulin, can make your blood glucose fall too low. This is called hypoglycaemia or "hypo". This can affect your memory, make you feel more confused and anxious, and may make you fall over.



Poorly controlled diabetes can make you feel thirsty. If you are forgetful or often repeat things, your carer may assume you have forgotten that you have recently had a drink when you ask for another one. It is important to drink plenty of sugar-free fluids to prevent dehydration.



High blood glucose levels can make you pass more urine than usual. You may need to visit the toilet more often if your diabetes is not controlled. If you need to keep asking to go to the toilet, your carers may think you have forgotten that you have just been.



If you have had diabetes for a long time, it can damage nerves resulting in pain, especially in your feet. It may be difficult to get help for this if you cannot find the right words to describe the pain.

## ➤ HOW DOES DEMENTIA AFFECT LIVING WITH DIABETES?

- As dementia can make you forgetful, you may find it difficult to remember to take your diabetes medication regularly and on time, or you may take it too often if you forget that you have already taken it.
- You may forget to eat some or all of your meal, which can lead to low blood glucose levels ("hypo") if you inject insulin or take certain tablets. Alternatively, you may forget that you have already eaten and so eat again. This can cause high blood glucose levels.
- Having memory problems can make it difficult to remember to attend clinic appointments or monitor your diabetes at the right time.
- Dementia can make it difficult to concentrate so you may find it difficult to take in information being given to you about your diabetes.
- You may find that dementia prevents you from recognising the symptoms of low blood glucose and being able to self-treat this. You may find that you need to rely on other people to help you with this.
- It can often be difficult to find the right words when you have dementia so telling people that you feel hypo, or have pain, or are thirsty, can be frustrating.

Although you may have been looking after your diabetes for a long time, dementia may make it difficult for you to manage your medication, monitor your diabetes, and inject your insulin safely. It may affect your ability to make the right decisions about your blood glucose readings. You may need to rely on other people to help you manage your diabetes such as recognising when you are hypo, or reminding you to eat or take your tablets.

## ➤ HELPFUL TIPS FOR LIVING WITH BOTH CONDITIONS:

As dementia progresses, you will find it more difficult to look after your diabetes yourself. A regular review of your self-care ability will allow you to continue to care for yourself by identifying what you need help with and reassure you about things you are still safely able to do. The following tips may help you to continue your diabetes self-care.

- **Finding it difficult to remember to take medication regularly?** Ask your doctor to simplify your tablets if possible so they can be taken just once daily. Ask your GP about a medication box that may help you remember your medication.
- **Finding it difficult to swallow tablets?** Some medications are available as syrups or powders. Discuss your options with your pharmacist.
- **Forgetting to take your insulin regularly or cannot always remember how to inject?** Ask your doctor to arrange for a nurse to do this if you do not live with someone who can do this for you. You may be able to change your insulin to one that can be taken just once a day.
- **Worried about tablets such as gliclazide or nateglinide that may cause low blood glucose levels ("hypos")?** Your doctor or diabetes team may be able to change these to a type that has a lower chance of causing low blood glucose levels.
- **Worried you may miss the symptoms of low blood glucose or not be able to treat it promptly?** Make sure your carer can recognise when you are having a "hypo", knows what you use to treat it, and knows where you keep your hypo treatments. They should check that you always have some glucose with you at all times.
- **Having problems with chewing and swallowing? Losing weight when you don't need to?** Your doctor can refer you to a dietitian for advice about suitable foods and supplements.



## ➤ UNDERSTANDING OTHERS AND FINDING THE RIGHT WORDS:

Dementia can make it difficult to pronounce words, or find the right words to express yourself. You may find it difficult to concentrate on what is being said to you. You may find it difficult to remember what has been said. This can be frustrating and a worry, especially when someone is giving you instructions or information about your diabetes, or asking you for information.



💡 Ask people to speak clearly and slowly to you, using short sentences.

💡 Pictures and hand gestures can be helpful in getting messages across to you.

💡 You should be given time to reply to questions and not rushed.

💡 Distractions like background noise from the television should be reduced.

💡 Ask people to use simple straight-forward language

💡 Consider asking the person to write the information down on a piece of paper for you to review later on or aid your memory

✗ You may find that difficulty with concentration and confusion is worse in the early evening, probably because you are tired. It may be easier to take in information, answer questions and make decisions earlier in the day.

## ➤ FREQUENTLY ASKED QUESTIONS:

### **What can I do if I keep forgetting my insulin injection?**

You may benefit from getting a device which attaches to your injection pen which will tell you when your last dose of insulin was given. Ask your doctor or diabetes nurse for more information. If you think you regularly forget your insulin injections, you or a relative or carer can ask for support from your doctor, social services or tele-care services if available in your area. For example, your carer can be taught how to give your insulin if this is what you want. Or a regular call can be made to remind you to give your injection.

### **What do I do if I think I have forgotten to take my tablets?**

It is not safe to take the tablets in case you have already taken them – this would result in an overdose. Wait until your next dose is due to take your tablets.

If this is happening regularly, you should discuss with your doctor who could arrange for your tablets to be put in a Dossett Box. This organises your tablets into times and days so you are able to see when they should be taken and also if you have missed any of them.

### **What if I am ill and unable to take my medication?**

Your doctor or diabetes nurse can give you information about what to do when you are ill. Keep this information in a place you will be able to find easily when you need it.

If you are ill, drink sugar-free fluids regularly (about 100 ml or small glassful every hour). If you cannot eat your usual meals, replace these with easily digested foods like milky drinks, ice-cream, yoghurt or soup.

**❗ If you are vomiting or you feel drowsy and your blood glucose is high, contact your doctor immediately**

### **How do I treat low blood glucose?**

Take one of the following:

- Small carton of orange juice (200ml)
- Or 60ml Gluco juice
- Or 6 dextrose tablets
- Or 5 large jelly babies
- Or 2 tubes of glucose gel

If after 15 minutes, you do not feel better, or your blood glucose is still less than 4mmol/L, take another one of these treatments. When your blood glucose is above 4 mmol/L, eat 2 plain biscuits, or a slice of bread unless you are due to eat a meal.

## ➤ SUMMARY:

Diabetes and dementia are common conditions and can occur together especially as people get older. Poorly controlled diabetes can make memory and confusion worse and dementia can make it difficult to manage your diabetes. Regular reviews can help to keep your diabetes controlled, and identify when you may need help with looking after your diabetes and keep you safe.

You can find out more about diabetes and dementia on these websites:

[www.trend-uk.org](http://www.trend-uk.org)

[www.diabetes.org.uk](http://www.diabetes.org.uk)

[www.dementiauk.org](http://www.dementiauk.org)

[www.alzheimers.org.uk](http://www.alzheimers.org.uk)



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