



DEMENTIA AND DIABETES

A toolkit for community care workers

Acknowledgements

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Introduction

This toolkit is about two medical conditions – dementia and diabetes. These conditions are common in older people and can occur together. Research has shown that having diabetes increases the risk of a person developing dementia. People who have diabetes are required to undertake many self-care activities. Dementia, a condition that affects the ability to perform everyday tasks, makes managing diabetes more difficult.

This toolkit is for paid and volunteer workers in community care settings who support people with diabetes, people who are at risk of dementia or people who have a diagnosis of dementia. This toolkit provides information to increase knowledge and understanding of dementia, the link between dementia and diabetes, and the impact of dementia on diabetes management. It helps workers identify and address these issues to support better health outcomes for people with dementia and diabetes.

Service providers can use this toolkit as a stand-alone resource. Although this toolkit is primarily about community care, it can be used in other settings.

How to use this resource

This booklet has information on the following:

1. Understanding the link between dementia and diabetes
2. Supporting someone who is living with dementia and diabetes
3. A case study
4. Self-test questions
5. Sources of further information

The information in this booklet can be used in many situations. There are many forms of dementia and they affect people differently. For example, the support needs of a person living with dementia will vary over time. The needs of their partner, family and carers may also vary over time.

The toolkit also includes a consumer information booklet and four separate consumer resources that you might find useful when providing information to people you support.

The toolkit is designed to help you (as a worker):

- build trust with the person living with dementia and their partner, family and friends
- give concrete management suggestions and emotional support
- facilitate access to relevant support services.

Familiarise yourself with the information in the toolkit at the start of your care relationship. Next, use the information to support delivery of the person's care plan. Finally, keep the toolkit for future reference.



Support tools

This icon is used to identify different tools that may be useful to support service delivery.

Understanding the link between dementia and diabetes

Key Messages

- Dementia is a brain disorder that affects thinking, emotions, behaviour, and the ability to perform everyday tasks. It can reduce quality of life and life expectancy. The most common forms of dementia are Alzheimer's disease and vascular dementia.
- Diabetes is a group of conditions in which there is too much glucose (a type of sugar) in the blood. Diabetes is managed by maintaining a careful balance between food, medicine and physical activity.
- People with diabetes have an increased risk of developing dementia; however, most people with diabetes will not develop dementia. The risk of developing dementia in the general population is around 10%, for people with diabetes this risk increases to around 20%.
- Keeping blood glucose levels within the target range, and maintaining a healthy weight and blood pressure can reduce the risk of developing dementia. Other healthy lifestyle choices, such as not smoking and staying physically and mentally active and socially engaged, also reduce the risk of dementia.
- Dementia is often under-diagnosed, especially in the early stages. Signs and symptoms that might be observed in people who have diabetes include unexplained weight loss, not completing usual diabetes self-care tasks or making mistakes in these, poor management of blood glucose levels. Be familiar with the signs and symptoms of dementia, and help someone follow up any concerns as soon as possible.
- Some signs and symptoms of poorly managed diabetes are similar to signs and symptoms of dementia. If you notice a change in a person's behaviour or increased confusion, always consider both possible causes. Report any concerns or changes and make sure they are followed up.
- If someone with diabetes is diagnosed with dementia, their diabetes medicines and target blood glucose levels should be reviewed by a doctor. Simplified medicine routines and different blood glucose targets may be appropriate.

- Managing diabetes involves a number of daily tasks. Achieving the right balance of food, medicine and physical activity can be difficult, especially for people who have dementia. In the early stages of dementia, people with diabetes may still be able to manage daily tasks by following simple, regular routines and using written reminders and other strategies. As the dementia progresses an increasing number of tasks need to be done by other people.
- Hypoglycaemia (blood glucose below 4 mmol/L), often called a 'hypo', has been linked to a higher risk of dementia. People with dementia may not be able to identify when they are having a hypo or may not be able to report this to others. If you are supporting a person with diabetes, you should know the signs of a hypo and how to deal with it promptly.
- Find out if people you are supporting have a diagnosis of diabetes or dementia, you may need additional education and training to provide appropriate support.





What is diabetes?

Diabetes is a group of conditions in which there is too much glucose (a type of sugar) in the blood. Blood glucose levels are regulated by insulin, a hormone made by the pancreas. In diabetes, the pancreas may not make enough insulin, or the insulin may not work properly (insulin resistance). This causes blood glucose levels to rise above the normal range and can lead to health problems, such as eye and kidney disease.

Around 280 Australians are diagnosed with diabetes every day; about 20% (or 1 in 5) of older people have diabetes. Type 2 diabetes is the most common form of diabetes. Other types of diabetes are type 1 diabetes and gestational diabetes (diabetes diagnosed in pregnancy).

Diabetes can be managed with healthy eating, exercise and medicines (which may include insulin).

For more information on diabetes, visit the Better Health Channel or Diabetes Australia websites.

What is dementia?

Dementia describes a collection of symptoms that are caused by diseases affecting the brain. Dementia affects thinking, behaviour and the ability to perform everyday tasks. Dementia is not one specific disease; there are many different types of dementia. The most common types are Alzheimer's disease, vascular dementia, Lewy body disease and frontotemporal dementia.

The risk of developing dementia increases with age; however, dementia is not a normal part of ageing. Among Australians aged 65 and over, almost 1 in 10 have dementia. Among those aged 85 and over the number is 3 in 10.

The course of dementia is often described as occurring in three stages:

- Mild or early-stage dementia – Problems occur in a number of areas (such as memory and personal care), but the person can still function with minimal help.
- Moderate or middle-stage dementia – Problems become more obvious, and increasing levels of help are required to allow the person to function in their home and community.
- Severe or late-stage dementia – Problems become more severe. The person relies on care and support from others.

What is mild cognitive impairment (MCI)?

Mild cognitive impairment (MCI) is generally defined as cognitive (thinking) impairment that is less severe than that seen in dementia. MCI does not significantly interfere with daily life, but people with MCI have more cognitive problems than would be expected in someone of a similar age. MCI is often caused by the same diseases that cause dementia. Diseases that cause MCI and dementia build up in the brain over many years and cause a gradual decline in cognitive function. Someone diagnosed with MCI may eventually develop dementia. However, MCI can have other causes and does not always lead to dementia.

What is the link between dementia and diabetes?

Most people with diabetes do not develop dementia, but they do have an increased risk. Population studies suggest people with type 2 diabetes, on average, have double the risk of developing dementia compared with people who do not have diabetes. For people who do not have diabetes, the risk of

developing dementia is about 10%, for people with type 2 diabetes the risk is about 20%. The reason for this is not completely understood; it is likely to involve many different factors, including the following:

- High blood glucose levels (hyperglycaemia) can damage the cells of the body and the blood vessels, including cells and blood vessels in the brain.
- When blood vessels in the brain are damaged, brain cells may not get enough oxygen and nutrients to function properly and may die.
- Insulin resistance causes the body to produce higher levels of insulin to try to keep blood glucose levels within the normal range. The high levels of insulin can cause damage to blood vessels and cells in the brain.
- Diabetes may contribute to the build-up of proteins in the brain associated with Alzheimer's disease.

The research that links diabetes and dementia often does not distinguish between diabetes types and it is not clear if the increased risk of dementia is the same for people with type 1 diabetes. However, since anyone can develop dementia, the information in this toolkit about early symptoms and reducing the risk of dementia may also be helpful when supporting people with type 1 diabetes.





What are the signs and symptoms of dementia?

The early signs and symptoms of dementia (or MCI) are usually subtle and may not be immediately obvious. For this reason, you may be supporting someone with dementia who has not yet been diagnosed. Signs and symptoms depend on the cause or type of dementia. Usually symptoms develop slowly and get worse over time. Common signs and symptoms of dementia include:

- forgetting recent events or conversations
- forgetting appointments or things to do
- confusing times or places
- losing things frequently (e.g. wallet or keys)
- becoming lost when out walking or driving
- difficulties with language or communication
- difficulty managing money
- personality changes
- apathy and withdrawal
- reduced ability in doing well-known tasks (e.g. cooking)
- changes to physical abilities and slowing in motor skills.

These signs and symptoms may have other causes, including diabetes, and many of these causes are treatable.

Signs of cognitive impairment or dementia that might be seen in people who have diabetes include:

- unexplained weight loss
- not completing usual diabetes self-care tasks or making mistakes in these tasks
- deterioration in usual blood glucose levels
- frequent episodes of hypoglycaemia or hyperglycaemia.

If you notice any signs or symptoms of cognitive impairment in someone you are supporting, encourage them to speak to their general practitioner (GP) as soon as possible. Speak directly to the person about your concerns and, where

appropriate, to family members involved in their care. Document your concerns and follow up as necessary. Seek support from a more senior staff member at your organisation if you are uncomfortable or need guidance to address your concerns. Early detection and treatment of dementia is important, especially when it has an impact on diabetes management.

How is dementia diagnosed?

The GP is usually the first contact when concerns about thinking or memory arise. The GP will take a medical history and may carry out a brief test of memory and concentration. If the GP is concerned about the possibility of dementia, the person should be referred to a specialist. This may be a geriatrician, a neurologist or an old age psychiatrist, or a specialist memory clinic.

Specialists have a more detailed knowledge of the memory and behaviour changes associated with dementia. They may perform or arrange in-depth assessments, brain scans and blood tests.

When someone you are supporting has an appointment to speak to a doctor about having signs and symptoms of cognitive impairment you can encourage the person to:

- take a family member or friend to the appointment as they may be able to provide the doctor with additional information
- write down any concerns and questions beforehand and take these to the appointment
- take a notepad to the appointment to write down any important information provided by the doctor.

A diagnosis allows the person to receive the correct medical care for their condition, get accurate information and access appropriate advice and support. Early diagnosis gives people more time to make plans for future care and living arrangements and to deal with legal and financial matters. A diagnosis also helps people to understand why they have dementia-related symptoms.

How is dementia treated?

At present there are no medicines or treatments that can cure dementia. There are a number of medicines that can slow down the rate of decline in abilities. In Australia, a specialist must confirm the diagnosis of dementia in order for the person to be eligible for some subsidised dementia medicines.

Dementia often causes a number of behavioural and psychological symptoms which can be upsetting. These include depression, apathy, anxiety, sleeplessness, hallucinations, ideas of persecution, misidentification of relatives or places, agitation and aggressive behaviour. These symptoms might be improved by reassurance, a change in the environment or removal of the source of any distress, such as pain. Sometimes other medicines may be needed to manage these symptoms.

Reducing the risk of dementia

People with diabetes can take steps to reduce their risk of diabetes complications; this may also reduce their risk of dementia. You can encourage and support someone with diabetes to:

- monitor and manage their blood glucose to keep it within recommended levels
- check and manage blood pressure, cholesterol and body weight
- take all their prescribed medicines on time
- eat a variety of nutritious foods, including fruits, vegetables, whole grains, lean meats or low-fat alternatives, and low-fat milk and cheese or alternatives
- eat at regular intervals during the day
- keep physically active; exercise at least 30 minutes most days of the week, and reduce sitting time.

Keeping the brain active and staying socially connected are also recommended for protecting brain health.

The risk of hypoglycaemia

Some people with diabetes are at risk of hypoglycaemia – commonly known as a hypo. A hypo occurs when the blood glucose level falls below 4 mmol/L, with or without symptoms. Hypos have been linked to a higher risk of dementia. This is another reason why it is important to avoid hypos, and to keep blood glucose levels within the target range. People who take insulin are at the greatest risk of hypos; however hypos can also occur in people who take other medicines for their diabetes (sulfonylureas).

If you are supporting a person with diabetes, you need to be aware of the following:

- Know their risk of hypos. This should be documented in the person's care plan.
- Find out what signs and symptoms of hypoglycaemia they usually experience, or if they have no signs and symptoms when a hypo occurs.
- Know that people who don't have signs and symptoms need to check their blood glucose level more often.
- Be familiar with how to use the person's blood glucose meter. Assist them, or the person responsible, to monitor the blood glucose level.
- Know how to treat a hypo.

A blood glucose diary can help the GP or diabetes care team to monitor the person's diabetes and see if adjustments to medicines are needed. More information about monitoring and managing blood glucose levels is included in the support section of this booklet.





Supporting someone who is living with dementia and diabetes

Person-centred care

This booklet contains a range of advice and suggestions on supporting someone living with dementia and diabetes. There is one principle that runs throughout – person-centred care. Person-centred care is treating each person as they want to be treated. It places the person at the centre of their own care and also considers the needs of the person's family carers.

Principles of person-centred care:

1. Get to know the person beyond their diagnosis.
2. Support the person to set goals, and to plan and make decisions about their care.
3. Be sensitive to values, preferences and expressed needs.
4. Give complete and accurate information in a way the person understands so they can make choices about their care.
5. Work together to minimise duplication of services and have one key contact at your agency.

Signs and symptoms of dementia vary from person to person and usually get worse over time. In the early stages, the person should be fully involved in directing the planning and delivery of their care. As dementia progresses, the person's capacity to do this is likely to decrease and another person who has power of attorney or guardianship should be involved to advocate for the person.

Speak to the person and, where possible, to their partner or family carer to find out:

- how the person currently manages their diabetes (including their target blood glucose levels, medicines, recommended diet and physical activity)
- how dementia affects their diabetes management
- how you can support independence and quality of life
- other information that they wish to share with you to make your job easier.



A guide to services for people with dementia and their carers:

A resource to support timely provision of information, supports and referrals that meet the expressed needs of people with possible dementia and their carers.



Service Coordination Tool Template: Health and chronic conditions:

A screen for service providers on a person's health, chronic conditions, falls history/risk, nutritional risk, vision and advance care planning.



Service Coordination Tool Template: Health and social needs:

A screen for service providers on a person's broad health and social needs.

Education

You and your organisation are encouraged to use this toolkit to support your educational requirements.

Being knowledgeable about dementia and diabetes builds respect and trust between you and the person you are supporting. By being well informed, you are better able to support people and show understanding.

The signs and symptoms of cognitive impairment and dementia are listed earlier in this booklet. This information will help you to identify cognitive changes and decline. You must document any changes you observe and any concerns that you have. Follow your organisation's policy for making referrals to medical or allied health professionals.

To assist with diabetes care tasks such as checking blood glucose levels, you may need additional training.

Organisations that can provide further information about diabetes and dementia are listed at the end of this booklet.

Sharing information

You can support a person and their family to understand their condition, which can make them feel more in control and be better able to manage their lives. The consumer resources in this toolkit contain condition information, advice for reducing the risk of dementia and tips for managing diabetes when living with dementia.

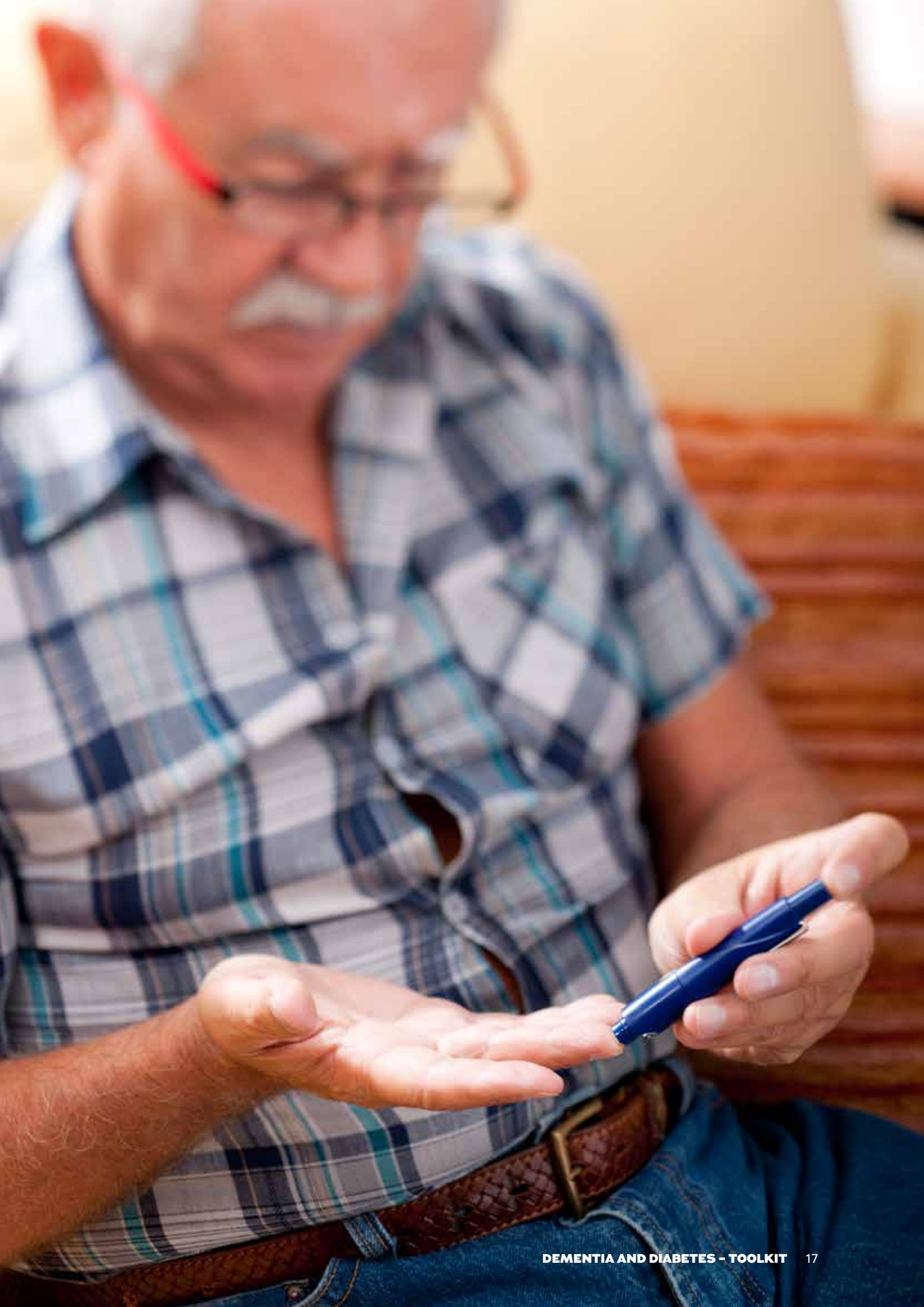
The amount of information that people request varies. Be guided by the person's requests for information, and ask them what they know already and if they have any unanswered questions. Try to adapt information you provide to the needs of each person. Consider the person's:

- education level
- current understanding and capacity
- language spoken
- cultural differences and sensitivities.

If you are uncomfortable or do not have the knowledge to answer a question, you can refer to one of the services listed at the end of this booklet.



Alzheimer's Australia: Dementia and Diabetes. Information for people living with diabetes and dementia, their families and friends: Condition-specific information about dementia and diabetes for people living with these conditions.





Communication and connection

Language skills and vocabulary diminish as dementia progresses; consequently communication becomes more difficult and frustrating for the person with dementia and the people in their lives. The person may find it difficult to express themselves clearly and to understand what others say. Remember, people want to understand and be understood.

Some suggestions for strategies to help cope with changes in language and communication are listed below:

- Face the person and position yourself at eye level.
- Stay still when talking, and in the person's line of vision.
- Avoid competing noises, turn off the TV or radio or turn down the volume.
- Remain calm, talk in a gentle, matter-of-fact way.
- Keep sentences short and simple when discussing or explaining something.
- Allow plenty of time for what you have said to be understood and do not rush a response.
- Try not to interrupt the person when they are speaking.
- Give people time to come up with a word or thought.
- Invite people to participate rather than instruct them to do things.
- Don't order the person around or argue.
- Use orienting names whenever you can, such as 'Your son John'.
- Respect the person's rights and wishes. Having dementia does not mean a person is incapable of speaking for themselves.
- Consider the person's literacy level when giving them written information.
- Consider using a telephone interpreter, if this might be helpful.

Alzheimer's Australia also has a brochure written by people living with dementia sharing ideas for effective communication called 'Talk to me'. This advice is for all people with dementia not just people who also have diabetes.

Vision problems

Diabetes can cause damage to eyesight so vision problems are common in people with diabetes. Problems caused by poor vision can be mistaken for signs of dementia. For example, vision problems can lead to confusion or disorientation. Find out if the person you are supporting has problems with vision and what strategies they use to manage this. The person should have their eyesight checked regularly by an optometrist or ophthalmologist. In addition to glasses, the person may benefit from other devices such as magnifiers, large print diaries, medicine dispensers and talking clocks. These aids and further information are available from Vision Australia.



Alzheimer's Australia: 'TALK TO ME'
Good communication tips for talking to people with dementia: Provides communication tips for talking to people with dementia.

Emotional support

Supporting the person with dementia and diabetes

People with dementia and diabetes can be more at risk of depression and anxiety because of the many challenges of living with these conditions.

A diagnosis of dementia often leads to fear about loss of independent thinking and living. There can be changes in the person's roles and relationships with family and friends.

People with diabetes often report social stigma associated with the condition and feel blamed by others who believe they caused their condition by making poor lifestyle choices.

These factors can have a major impact on mood and wellbeing. Listen to the person. If someone reports being depressed or anxious, encourage them to share those concerns, and seek professional support and counselling.

The person may find it helpful to join a diabetes support group. In support groups, people who have just found out they have diabetes can learn from people who have lived with it for a long time. People can talk about and share how they deal with their diabetes. They can also talk about how they take care of their health, how they prepare food, and how they stay active. The person's doctor or local diabetes organisations will be able to provide information about groups.

Supporting family carers

Remember that partners and family members who are caring for a loved one who has diabetes and dementia may also need support. Families and carers may feel guilt, grief and loss, and anger. It can be hard for family carers to talk about these feelings; however, these issues are common, and discussing them with someone else can help.

Some carers find it difficult to ask for help and may feel ashamed that they cannot do everything. Depression is also common in this group. Be vigilant for signs of distress and know where to refer people for further support. A list of organisations that offer support services, including Alzheimer's Australia, is available at the end of this booklet.

Encourage family carers to take care of themselves too and get adequate breaks from caring. There are services and supports available for people in this situation. Respite care may be useful and appropriate for people caring for a loved one who has diabetes and dementia.



Service Coordination Tool Template: Social and emotional wellbeing: A screen on social and emotional wellbeing needs, including for anxiety and depression.



Service Coordination Tool Template: Care relationship, family and social network: Assistance to understand care relationships and partner, family and support networks, such as friends and significant others who are involved in the person's life.



The SANE Guide to Good Mental Health for people affected by diabetes: How to support someone affected by diabetes and a mental health problem such as depression or anxiety.



Alzheimer's Australia: Feelings help sheet: Discusses some of the feelings that families and carers of people with dementia often have.





Practical support

The different ways you can provide practical support to a person with diabetes and dementia will be partly determined by your work role. Some of the information below may relate to tasks that are outside of your role. However, knowing this information may be helpful for your understanding and for sharing with family carers who are directly involved in these tasks.

Supporting and enabling independence

Daily management of diabetes involves maintaining a careful balance between food, medicine and physical activity. The symptoms of dementia make this increasingly difficult. In the early stages of dementia people may still be able to manage their self-care tasks by following simple, regular routines and using written reminders and other strategies. Over time, an increasing number of these management tasks may need to be done by others.

When supporting a person to complete tasks ask their permission to assist them and, where possible, support them in doing things themselves. Even when a person cannot complete a task by themselves, they can still be involved to some degree. For example, they may be able to do their own finger prick test with supervision or observe and discuss testing done by someone else.

It may be difficult for the person with dementia to accept the help of other people. The person may not remember or understand why they need a finger prick test or an injection and they may become fearful of these being done. To deal with resistance to assisting with diabetes care, begin by validating the person's feelings, stay calm and explain what you are doing and why it is important. If the person becomes upset or distressed wait until they calm down before you approach them for the task again.

Blood glucose monitoring

Blood glucose levels that are very low or very high cause damage to the brain. If a person with diabetes has dementia, they will need increasing support in monitoring and managing their blood glucose levels. A person with dementia will be less able to identify symptoms of high or low blood glucose or to tell others if they are experiencing them. People who support a person with dementia and diabetes need

to learn how to recognise the signs and know what treatment is required.

Some people with diabetes may need to check their blood glucose levels daily or many times a day, particularly if they use insulin. If the person you are supporting tests their blood glucose regularly, encourage them or their family carer to complete a blood glucose diary to help them spot patterns and make sense of the numbers they are getting. This information can also be provided to their GP or diabetes care team if the person is having difficulty staying within their target range.

A blood glucose diary is included in the consumer resources of this toolkit. This has space for recording insulin dose, meals and other relevant notes, including changes in activity or illness that might affect blood glucose levels.

Hypoglycaemia

Signs and symptoms of hypos may be different for everyone. They can include sweating, shaking, hunger, dizziness, pallor (appears pale-looking), irritability and slurred speech. Not everyone will have all of these signs and symptoms; some people may have only one or two, and these may change over time.

If you are supporting a person with diabetes, find out the signs and symptoms of hypos that are specific to them, and look out for these. Learn how to use a blood glucose meter and how to treat a hypo. Part of your role may include carrying a blood glucose meter and hypo treatment for a person with diabetes.

Sometimes it might be difficult to know if the signs you observe are due to a hypo or due to the person's dementia. If you notice any signs that suggest someone might be having a hypo, check their blood glucose level. If a blood glucose meter is not available, and you are concerned someone is having a hypo, it is safest to treat the person as if they are having a hypo.

A consumer resource for identification and management of hypoglycaemia is included in this toolkit.

Hyperglycaemia

Several factors can contribute to hyperglycaemia in people with diabetes, including food and physical activity choices, illness, medicines, or not taking enough medicine. If left untreated, hyperglycaemia

can become severe and lead to serious complications requiring emergency care.

Early symptoms of hyperglycaemia include increased thirst and urination, change in appetite and blurry vision. Signs of severe hyperglycaemia include dry mouth, extreme thirst, excessive urination, nausea and vomiting, weakness, confusion and sleepiness. Make sure you are familiar with the signs and symptoms that are specific to the person you are supporting and if you are concerned that the person might have hyperglycaemia, check their blood glucose levels and report this to their diabetes health care provider.

A consumer resource for identification and management of hyperglycaemia is included in this toolkit.

Managing medicines

People with diabetes need to achieve a reliable method of taking their medicines to avoid diabetes complications. If someone you are supporting is having difficulty managing medicines, report your concerns; the person may require referral to district nursing services. People who have only mild cognitive impairment may benefit from following regular daily routines for taking medicines. They may also find using pillboxes or blister packs and memory prompts such as diaries, calendars, and phone alarms helps to improve adherence. The person's pharmacist, GP or geriatrician can also offer support.

Tips for taking medicines and a medicine planner are included in the consumer resources of this toolkit.

Eating and nutrition

Maintaining good nutrition is particularly important for people with diabetes but this can be more challenging for people with dementia. An accredited dietician can help to prepare a meal plan that is right for the person, and this will need to be reviewed on a regular basis for people with dementia as changes occur.

For people with diabetes, eating regular meals and snacks throughout the day helps keep blood glucose levels steady. In the early stages of dementia, a person may be able to cope with eating and meal preparation, perhaps with some help with shopping, a few prompts around the kitchen or a meal delivery service. As dementia progresses, the person may

forget to eat or drink, or may not remember how to cook. It may become necessary for someone to be present at mealtimes to ensure the person has a healthy and adequate diet.

Loss of appetite and poor nutrition can be common in a person with dementia. Change of food habits or food preferences (e.g. developing a preference for sweet food) may also occur. Low fluid intake is common and can result in dehydration and urinary tract infections, and can affect blood glucose levels.

These tips might help to support a person with dementia and diabetes to eat well:

- Leave healthy snacks around the house where they are easily accessible.
- Put pictures on cupboard doors to help the person find the food that they want.
- Serve familiar food. If the person has a favourite food, it's better for them to eat it frequently than to under-eat.
- Allow plenty of time for eating, and provide help if needed.
- Minimise distractions during mealtimes.
- Arrange meals at the time of day when the person is most alert.
- Serve small portions and keep the remainder warm. You can ask, 'Would you like some more?' This is better than serving large portions, which can become cold and unappealing.
- Offer water (or other drinks that do not contain sugar) regularly and encourage the person to drink.
- Satisfy sweet cravings with low-fat ice-cream or custard, frozen yoghurt, or milky drinks.
- Check that the person does not have problems with swallowing. If you do observe swallowing issues, such as coughing, choking, pocketing of food in the mouth, or drooling, the person should be referred to a speech pathologist for further assessment.

Supporting physical activity

Physical activity should be continued for as long as possible for people with dementia and diabetes. If physical activity is included in a person's lifestyle in the early stages of dementia, it is more likely to be maintained as the condition progresses.

If a person is starting an exercise program and has not been physically active for a long time, they

should consult their doctor first. To avoid risk of injury, ensure good supervision is available and that the person wears appropriate clothes. Good foot care is very important for people with diabetes, so the person should wear appropriate footwear for physical activity and should regularly visit a podiatrist.

Participation in physical activity will affect the person's blood glucose level, and if the person uses insulin or sulfonylureas, increasing physical activity may increase their risk of a hypo:

- Before doing any physical activity the person's blood glucose level should be checked.
- If blood glucose is low, they will need to eat something before they start the activity to avoid a hypo.
- After finishing the activity, check blood glucose levels again.
- If a hypo does occur, this should be treated promptly.
- Caution should be taken with physical activity if blood sugar levels are very high (more than 15 mmol/L)



Alzheimer's Australia: Tips for managing medicines: A tips sheet with hints for people with diabetes and dementia on managing medicines.



Alzheimer's Australia: Medicine planner: A daily planner for people with diabetes and dementia to use for their medicines.



Alzheimer's Australia: Blood glucose diary: A form for keeping track of blood glucose levels, medicine dose and food intake.



Service Coordination Tool Template: Need for assistance with activities of daily living: A screen for service providers on need for assistance with activities of daily living.



Choose Health: Be Active: A physical activity guide for older Australians: A booklet to help older Australians achieve sufficient physical activity for good health as they age.



Case study

Maria is a 74-year-old woman who lives alone. She has a daughter, Carol, who lives nearby.

Maria was diagnosed with type 2 diabetes 16 years ago, and for the last six years she has been using insulin to manage her blood glucose levels. Maria also takes other medicines every day for high blood pressure and cholesterol.

Carol has had concerns about Maria's memory for the last year. Maria has become very forgetful; she frequently loses her keys and purse. Maria has been referred by her GP to a geriatrician for further investigations. Carol visits her mother every day to help her around the home.

Maria has always managed her own diabetes care and continues to check her blood glucose levels and inject insulin on a daily basis. Recently Carol has been concerned that Maria seems to be having difficulty interpreting her blood glucose measurements. Maria's blood glucose levels have fallen very low on a number of occasions in the last month and Maria suffered a fall one day when out walking which Carol thinks may be due to low blood sugar. Maria has also recently lost weight and her daughter is concerned that she is not eating as well as she used to. Carol has suggested to Maria that she is 'getting confused' with her diabetes care tasks and they have had several arguments about whether she should continue to manage this by herself.

Providing support to Maria

Maria has been living with diabetes for many years. Invite Maria to tell you about her experience of living with diabetes and how she has adjusted her everyday life since her diagnosis to deal with her diabetes management. Arrange to speak with Carol to find out her perspective on the situation.

Reassure Maria that you are 'there' to support her to take care of her health. Provide Maria and Carol with the blood glucose diary, medicine planner and tips for managing medicines, and discuss other options for support. Community nursing services, such as Royal District Nursing Services (RDNS), can be engaged to assist people to manage their diabetes care. They can establish the person's capacity to manage their diabetes alone. If the person cannot demonstrate competencies, RDNS can make daily visits to check blood glucose levels and administer insulin.



Maria uses insulin; therefore she is at risk of hypos. Find out from Maria and Carol what signs and symptoms Maria experiences when she has a hypo and what Maria's target blood glucose levels are. Complete the hypoglycaemia and hyperglycaemia care plans with Maria and Carol and familiarise yourself with how to manage these events. Check that Maria wears or carries identification that says she has diabetes.

Maria could be supported to eat well by obtaining help from local council services to assist with shopping and preparing food. Meal delivery services can also be offered. Maria may be able to manage better with reminder phone calls from her daughter at mealtimes and also by having someone to share mealtimes with, whenever possible. If you are assisting Maria at mealtimes, refer to the tips in the eating and nutrition section for ideas.

Inform Maria and Carol about organisations and services that can provide further support to them both.

Test yourself

Complete these self-assessment questions to check your recall and understanding of the information presented in this booklet.

Answer in your own words. Compare your answers with the information in the booklet to check for accuracy and completeness.

1. Describe in your own words what diabetes is and how it is managed.

2. List three things you have learned about dementia.

3. What are the most common forms of dementia?

4. List six different signs and symptoms of dementia.

5. Describe in your own words the link between diabetes and dementia.

7. List four ways a person with diabetes can reduce their risk of dementia or protect their brain health.

Further information

Complete the table below to assess your practice and consider how you can find ways to improve your rating.

1 Strongly disagree 5 Strongly agree

I know about the person's life beyond their diagnosis	1	2	3	4	5
I treat the person as a partner when setting care goals	1	2	3	4	5
I know how the person manages their diabetes and their target blood glucose levels	1	2	3	4	5
I know what signs and symptoms of dementia the person has and how these affect their diabetes management	1	2	3	4	5
I know the signs and symptoms the person has when they have a hypo and I know how to treat a hypo.	1	2	3	4	5
I use positive and supportive language.	1	2	3	4	5
I do not correct or argue	1	2	3	4	5
I am patient and flexible	1	2	3	4	5
I listen carefully	1	2	3	4	5
I encourage the person to talk about their feelings	1	2	3	4	5
I know who else is involved in the person's life	1	2	3	4	5
I use familiar routines	1	2	3	4	5
I support taking medicines at the right time in the right way	1	2	3	4	5
I support healthy lifestyle choices to protect brain health	1	2	3	4	5
I am familiar with resources and support available to the person	1	2	3	4	5

Further information

Dementia

Alzheimer's Australia Vic

www.fightdementia.org.au

Offers accredited programs and a broad range of dementia-specific workshops and seminars for care workers.

National Dementia Helpline

1800 100 500 (business hours).

A telephone information and support service available across Australia. The Helpline is available for people with dementia, their carers, families and friends, as well as people concerned about memory loss. It is also used by health professionals, service providers and community organisations.

Dementia Behaviour Management Advisory Service (DBMAS)

1800 699 799 (24 hours a day, 7 days a week)

Support for carers and care workers of people with dementia who experience behaviours of concern that may have an impact on their care.

Diabetes

Diabetes Australia – Vic

www.diabetesvic.org.au

1300 136 588 (8.30 am to 4.30 pm Mon to Fri)

The national body for people affected by all types of diabetes and those at risk. They offer education programs for people with diabetes and health professional training. They also have a diabetes information line whereby a diabetes educator, dietician or advocacy officer is available to provide telephone counselling and support.

Baker IDI

www.bakeridi.edu.au

A heart and diabetes institute located in Melbourne. They offer education programs for people with diabetes and health professional training.

Emotional or crisis support

Lifeline

13 11 14

www.lifeline.org.au

SuicideLine

1300 651 251

www.suicideline.org.au

beyondblue

1300 224 636

www.beyondblue.org.au

Training

Carers Victoria

1800 242 636

www.carersvic.org.au

Offers professional development and accredited training to help community care staff work in partnership with partners, families and friends of their client.

National Dementia Helpline 1800 100 500
www.fightdementia.org.au

UNDERSTAND ALZHEIMER'S
EDUCATE AUSTRALIA