

# RISK OF DISABILITY IN ELDERLY DIABETIC PATIENTS

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# 1 Introduction

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Diabetes is a pathology on the increase, mainly because of weight gain and the lengthening of life expectancy in the population. The prevalence of type 2 diabetes increases from 1.4% in subjects aged 25–44 to more than 10% in subjects aged 65 or older [1]. Moreover, the eldest adults with diabetes are a heterogeneous population, including also people living in therapeutic communities, service centres, or nursing homes: it has been calculated that, among nonself-sufficient elderly subjects living in nursing homes, prevalence should be much higher than 20% [2].

In the elderly patient, more than in adult or young subjects, diabetes can accelerate other concomitant pathologies, making assistance more complex. Often, elderly people with diabetes also suffer from hypertension and dyslipidaemias, increasing the risk of developing cardiovascular pathologies. Furthermore, they are at higher risk of manifesting cognitive decline, which worsens their quality of life and represents a barrier to adequate drug therapy. They also tend to develop depressive disorders with increasing frequency, often underdiagnosed and undertreated.

Finally, the elderly patient often follows a polytherapy regimen, with consequent increased risk of adverse events, interactions, and poor adherence. This problem is even greater in subjects with diabetes, because hypoglycaemic drugs must be taken in a regular manner, regarding both doses and time.

Therefore, the physician facing an elderly diabetic patient should also take into account the common geriatric syndromes, more

frequent in the diabetic subject, that can impact heavily on the patient's quality of life and autonomy. Although there are several studies providing information on such pathologies in the elderly, only a few trials have been performed specifically on the elderly diabetic subject. The present text intends to provide some indications regarding diabetes-related geriatric complications, above all in order to sensitise the physician to their possible presence, so that such pathologies interfere as little as possible with the most adequate treatment.