An aged people is wandering in the desert of ignorance: the land of elderly patients with diabetes mellitus

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Diabetes in the elderly patient is already a subject that should be of increasing concern to all physicians, specialists and nonspecialists alike. Yet the sum of the currently available knowledge on this subject is too often unreliable and therefore does not live up to the stakes at hand.

As we already know, diabetes is experiencing near explosive growth, some say of epidemic proportions, throughout the world. In emerging countries, the essential causes put forth for this increase in prevalence are, in addition to certain genetic ethnic predispositions, the passage from a rural lifestyle to that of large urban metropolitan areas with a sedentary way of life, as well as an imbalance between calorie needs and the availability of food, which for most countries exceeds the individual’s needs for fuel and ability to burn it, with low-priced foods that are not always of good quality and often heavily loaded in fats and sugar.

In the most highly industrialized countries, where the rural exodus already took place during the last century, sedentarization, mechanization, and the primacy of traveling by car whatever the distance, have worsened the sedentary lifestyle. Food is more and more abundant, accessible, and inexpensive, but particularly heavy in calories: this leads to a progressive increase in the average weight of the population, with a dramatic rise in the prevalence of overweight and obesity. Nevertheless, in France, one of the main causes of the increase in prevalence of metabolic disorders is the aging of populations with the massive arrival of the postwar populations: the baby boom of the 1940s is turning into a grandma and grandpa boom of the early 21st century. This massive influx also goes hand in hand with the continual increase in the life expectancy of populations, which therefore produce more and more old people. Yet we know that diabetes is much more frequent as we advance in age, with a slight decline in the last decades, in all likelihood related to the premature death of diabetics compared to their counterparts of the same age.

In France, this means that 50% of diabetics are over 60 years of age and 25% of them are 75 or older. This is an element to the equation that must be considered first and foremost: one diabetic out of four is old or very old. It is easy to imagine everything – and the articles in this special issue of Diabetes & Metabolism point it out frequently – that makes the age–diabetes couple, a couple where misunderstanding reigns. Diabetes, especially type 2 diabetes, entails microangiopathic lesions, with their well-known atheromatous consequences on coronary and myocardial health, the condition of the mainstem arteries responsible for cerebral vascular accidents, the effects on the renal arteries responsible for renal failure, and finally, lesions of the mainstem and more peripheral arteries of the lower limbs responsible for the most serious complications known in elderly subjects: lesions of the diabetic’s feet, a source of torpid lesions, septicemia, and amputations, complications that at this age often lead to a death that can be prevented. To these complications and the effects of aging, the diabetic patient adds the complications stemming from microangiopathies: effects on retinal degeneration (age-related macular degeneration, ARMD), a drop in the glomerular filtration rate, neuropathic lesions, in particular of the lower limbs, which here again are seriously implicated in lesions of the feet of diabetics and their above-mentioned consequences. All this makes elderly diabetic subjects multi-medicated patients while their declining renal function sometimes makes managing the necessary medications delicate. As for age, by virtue of shrinking autonomy or declining aptitude to decide, muscle stiffness limiting movement, or trembling that can complicate the simple acts of self-monitoring blood glucose level or self-injection of insulin, or as a result of dwindling circles of family and friends, the patient is increasingly alone, not to mention the reduction in intellectual capacities and dementia that can, as we know, be observed. Given this state of affairs, few scientific data are available that respond to the criteria required today in terms of therapy. Most communications do no more than list over-
used formulas or at best, report professional consensus, with no clearly established scientific proof recognized by all. Publications showing a high level of proof (level of proof A) can be counted on the fingers of one hand.

It is in this context, and conscious of how serious the stakes are and how urgent it is to act, that the French societies of geriatrics and gerontology (SFGG) and diabetology (ALFEDIAM) have recently decided to join their efforts. Their first action was to form a multidisciplinary working group made up of diabetologists, gerontologists, epidemiologists, and public health physicians, and give them the responsibility of drawing up a review of the current knowledge. To meet this goal, with the assistance of Servier Laboratories, this group established an exhaustive bibliography of research in both French and English. The vast number of publications in the field of diabetes of the elderly was rigorously filtered on the basis of recommendations of national and international agencies and classed according to level of proof A, B, or C. This small team reports here the first fruits of its painstaking work. This work has not yet been concluded: a great deal remains to be done to conclude this first phase, the final report. Writing the document that could be called “recommendations” or “guidelines” will follow, co-signed by our two learned societies, which will conclude the first phase of this necessary work by establishing a certain number of recommendations for future research. The second phase will then consist of patiently establishing a corpus of more reliable knowledge and/or monitoring this knowledge as it comes out in the international literature.

One should not deduce from what has been said above that the elderly diabetic subject is inevitably condemned to a shorter life expectancy with multiple complicated pathologies: our duty as diabetologists is to “produce” healthy elderly diabetic subjects who are happy to be alive, with intensive and meticulous treatment of diabetes as soon as it appears and correction of the vascular risk factors. As for other aspects, the future of the elderly diabetic subject should be prepared long in advance.

This first special issue of *Diabetes & Metabolism* devoted to “Diabetes in the elderly adults” is thus the result of a patient and methodical work undertaken by the following physicians and scientists:


This research has been coordinated by Professors Bernard Bauduceau, Isabelle Bourdel-Marchasson, and Jean Doucet. The ALFEDIAM (French-speaking Association for Study of Diabetes and Metabolic Diseases) is very pleased with this collaboration with the Société Française de Gériatrie et Gérontologie (French Society of Geriatrics and Gerontology) and extends warm thanks to Servier Laboratories, which, without the slightest interference in the working group’s reflection, nevertheless considerably facilitated the substantial logistics necessary.