

# Living Well with Diabetes in Advanced Years

Krista Dominguez-Salazar, PharmD, PhC  
Stephanie Headrick, RPh

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## Disclosures

The following presenters have ***no relevant financial relationships*** to disclose

- Krista Salazar
- Stephanie Headrick

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### Learning Objectives

1. Identify common pharmacotherapy, pharmacotherapies to avoid, monitoring parameters, safety guidelines and lifestyle modifications in persons experiencing advanced age.
2. Describe one pharmacy's programs for supporting elderly patients and their caregivers and building team support.
3. Outline a framework for upholding pharmacist-patient partnerships that are culturally diverse and build and sustain supportive teams and team-environments.
4. Discuss pharmacist-patient cases for strengthening knowledge, skills and abilities for living well with Diabetes.

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### The Pharmacists' Patient Care Process

**What is missing in the graphic?**

- A. Patient Centered Care, Efficiency, Medication Counseling
- B. Pharmacist Centered Care, Coordinate, Communicate
- C. Patient Centered Care, Collect, Medication Education
- D. Patient Centered Care, Collaborate, Communicate
- E. Patient Centered Care, Collaborate, Coordinate

<https://icpp.net/patient-care-process/>

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<https://icpp.net/patient-care-process/>

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### Collaboration and Communication: How Pharmacists increase the success at providing and using

<https://icpp.net/patient-care-process/>

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### Building Pharmacist-Patient Partnerships A Framework

Beginning	Middle	End
Foster the Relationship & Gather [Preliminary] Information	Gather [Problem-Solving] Information Using Patient-Centered History- Building Skills	Share Decision Making Enable Treatment Success Close the Visit
Gather [Problem-Solving] Information Using Pharmacist-Directed History- Building Skills & Provide Information		

Modified RCC Framework ACH, Modified from Fortin AH 6<sup>th</sup>, et al. *Smith's Patient Centered Interviewing*. 3rd ed. New York, McGraw Hill, 2012

Framework: Adapted from Relationship Centered Communication ACH  
Content: G.A. Neugarten. *Patient-Centered Communication*. *Pharmacy* 2008, 6 (3), doi:10.1019/pharm.001002018. www.mdpi.com/journal/pharmacy

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### Better Outcomes for Patients

- Diabetes
- Blood Pressure
- Pain management
- Adherence to medications
- Satisfaction with care
- Relief of suffering



Young et al. *J Ambul Care Manage* 2016; Najrabi et al. *Chronic Illn*. 2017; Biglu et al. *Materia Sociomed* 2017; Dwamena et al. *Cochrane Database Syst Rev* 2012; White et al. *Patient Educ Couns* 2015; Kennedy et al. *Pat Experience J* 2014

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### Better Outcomes for Clinicians & Teams

- Engagement
- Satisfaction
- Workload stress
- Medical malpractice
- Team collaboration



McClelland et al. *Medical Care* 2018; Luyford et al. *Int J Qual Health Care*. 2015; Ilin. 2017; Pollak et al. *Pr Educ Couns* 2016; Kravner et al. *JAMA*. 2009

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### Better Outcomes for Institutions



- Patient experience scores (H/CG-CAHPS)
- Work environment
- Job satisfaction
- Patient loyalty
- Likelihood to recommend
- Enhanced safety & quality

Chattoff et al. *Acad Med* 2017; Boissy et al. *J Gen Intern Med* 2016; Dwamena et al. *Cochrane Database Syst Rev Interventions* 2012; Hoiland et al. *Health Psychol* 2008

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### Question:

Why are the first few seconds of an encounter so important?

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### Beginning the Encounter: TD's case

TD is a 73-year-old established patient at the pharmacy. His diagnosis include diabetes, hypertension, hyperlipidemia and Alzheimer's dementia. TD is accompanied by his daughter, Shaunna who requests to pick up all 11 of his medications.

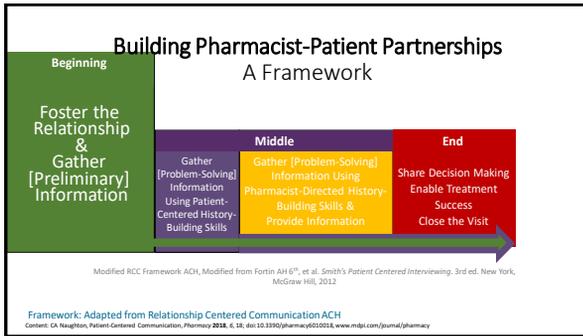
The pharmacist lets the patient know that the prescriptions will be ready in 1 hour. Shaunna says she and her dad will wait in the store while you get them filled.

Hidden Truths:

- ✓ TD is on your call list for receiving the flu vaccine.
- ✓ Shaunna has had thoughts about the importance of getting a flu vaccine since her dad had been living with her. She wants to make sure she does not risk getting her dad sick since his health is declining. She has never before received a flu vaccine.
- ✓ Shaunna feels overwhelmed by all the responsibility she has caring for her dad, "there doesn't seem to be enough time in the day to get everything done".
- ✓ Shaunna has no idea that pharmacists can prescribe and administer vaccinations.

Framework for case based learning, adapted from scholarship case-based learning developed by Heidi Lubet, PharmD

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### Beginning the Encounter: TD's case Gathering Preliminary Information Up Front

TD is a 73-year-old established patient at the pharmacy. His diagnosis include diabetes, hypertension, hyperlipidemia and Alzheimer's dementia. TD is accompanied by his daughter, Shaurna who requests to pick up all 11 of his medications.

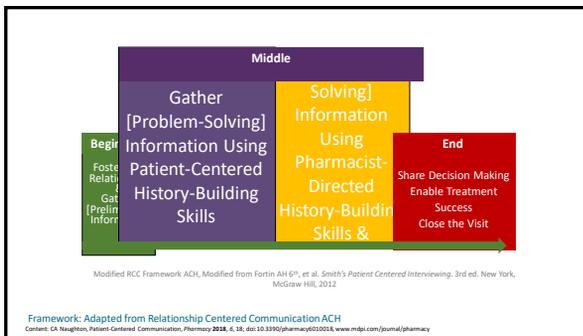
The pharmacist lets the patient know that the prescriptions will be ready in 1 hour. Shaurna says she and her dad will wait in the store while you get them filled. The Pharmacist asks if Shaurna had any other business to do at the pharmacy (i.e. Fill prescriptions for herself or others in her family? Get vaccines for her and/her dad?). The pharmacist processed the flu vaccines and both Shaurna and her dad got their flu vaccine during the 1-hour waiting time.

**Hidden Truths:**

- ✓ TD is on your call list for receiving the flu vaccine.
- ✓ Shaurna has had thoughts about the importance of getting a flu vaccine since her dad had been living with her. She wants to make sure she does not risk getting her dad sick since his health is declining. She has never before received a flu vaccine.
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Framework for case-based learning adapted from scholarship case-based learning developed by Heidi Eskin, PharmD

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- How quickly do you think we interrupt our patients?
- How long do you think they will speak if given the opportunity?

Langewitz W, et al., BMI, 2002; Marvel MK, et al., JGIM, 1999;

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### Listen and Take Time to Respond to the Patient's Personal Story

- **Impact**
  - How does the medication affect the patient's day-to-day life?
- **Ideas**
  - People often have ideas of what might be causing their symptoms or side effects.
- **Expectations**
  - What is the patient hoping the medication will do for them?
  - What concerns does the patient have about side effects?

Fortin et al., 2018; Stewart et al., 1995; Tiro, 2005; Kivimaa and Besson, 2006

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### What can we do with communication and collaboration?

- Support dignity and respect (for ourselves and another)
- Partner with understanding and respect
- Uphold our oath as a pharmacist.

1<sup>st</sup> statement in the Oath of a Pharmacist: "I will consider the welfare of humanity and relief of suffering my primary concerns." <https://www.pharmacist.com/press-release/national-pharmacy-organizations-unite-to-stand-against-racial-injustice>

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## Close the Visit



Clarify next steps, as necessary

- What you/the patient will do
- When you will communicate next

Elicit final questions

*"What further questions do you have?"*

Acknowledge and support

*"It has been a pleasure to meet you."*

*"We'll be here if you need help."*



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## Life-Style Modifications

- Exercise
- Nutrition
- Sleep
- Stress Management

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## Common Pharmacotherapy

- Sulfonylureas
- Biguanide
- Alpha-glucosidase inhibitors
- Dipeptidyl peptidase-IV (dPP-4) inhibitor
- Sodium-glucose co-transporter-2 (SGLT2) inhibitors
- Glucagon like peptide 1 (GLP-1) receptor agonists
- Insulin

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## Pharmacotherapy to Avoid

- Long acting sulfonylureas (increased risk of hypoglycemia)
- Complicated regimens of insulins
- Beers list medications (potentially inappropriate medication use in elderly individuals)

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## Limitations to Therapy

- Cost of Medications on a Limited Income
- Complicated Regimens

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## Monitoring Parameters

- Self-Monitoring of Blood Glucose
- Hemoglobin A1c
- Kidney function
- Yearly eye exams
- Foot examinations
- Cholesterol
- Blood Pressure Screenings

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## Safety Guidelines

- Higher risk of hypoglycemia and hypoglycemia unawareness
- Cognitive impairment and dementia (difficulty with complicated prescription regimens, counting carbs, insulin doses, and self-monitoring of blood glucose)
- Co-existing chronic illnesses
- Depression
- Fall risk
- Living alone

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## Referrals to Other Programs

- Collaboration with other programs
- Pathways to Health
- Smoking Cessation

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## A Close Look at One Pharmacy Program Duran Central Pharmacy

### Supporting elderly patients & caregivers

- Synchronization of chronic medication
- Adherence packaging
- MTM and complete medical reviews of medications, vaccines, drug nutrient depletion
- Cognitive and depression screenings
- One on one meetings with patients enrolled in programs such as the Heart Disease and Stroke Prevention Program

### Building Team Support

- Emphasizing the team triad of patient, pharmacist and other healthcare providers
- Engaging family members to help with medication management and disease management

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## Current Opportunities in NM

- Collaboration with various entities (DOH)
  - Heart Disease and Stroke Prevention Program (focusing on diabetes, blood pressure and cholesterol)
    - Includes MTMs, adherence to medications, point of care testing, setting goals with patients, at home blood pressure and blood glucose monitoring
  - Diabetes Prevention Program
    - Lifestyle modification
    - Coaches to help patients make different lifestyle choices to improve health and prevent diabetes
- Older adults with diabetes should be assessed for disease treatment and self-management knowledge, health literacy, and mathematical literacy (numeracy) at the onset of treatment

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