Sulfonylureas for diabetes in the elderly

This is a summary; the full learning is here

Sulfonylureas and safety

Sulfonylureas stimulate release of insulin, so can cause hypoglycaemia. Symptoms of a hypo in the elderly can be vague (e.g. confusion, fatigue, agitation) or easily attributable to a pre-existing condition (e.g. dementia, anxiety, visual deterioration).

Long-term consequences of hypoglycaemia episodes for an older person may include:

- Falls and their repercussions
- Reduced self-care and increased dependence
- Hospitalisations
- Cognitive decline, frailty and vascular disease

Protecting patients from hypo risk with sulfonylureas

There are various strategies including these:

- **Metformin should be first choice oral agent as per NICE guidelines**
  It does not cause hypoglycaemia.
- **Start low and go slow with doses of any medicine for diabetes**
  This reduces the risk of overwhelming side effects.
- **Consider alternatives to sulfonylureas**
  Especially for those who are frail, have dementia or limited life expectancy.
- **Avoid glibenclamide if a sulfonylurea is used**
  Use the shorter-acting agents gliclazide, glipizide or glimepiride.
- **Consider a reasonable glycaemic target**
  A demanding HbA_{1c} may not be necessary; establish a reasonable individual target according to the patient's overall health and functioning.
- **Understand hypo symptoms, precipitating factors, and how to manage it**
  Explain symptoms and precipitants to patients (e.g. missed meals, exercise, alcohol). Be aware that frailty, cognitive decline and kidney disease increase the risk.
- **Review treatment as the patient ages**
  Patients treated for diabetes for decades may require smaller doses as they age.