

Long Term Care and Diabetes Management during SARS-COV-2 Infection

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Covid-19 prevalence, severity of illness, and mortality seem to be shifting towards elderly people, especially those with multiple comorbidities like diabetes, obesity, hypertension, and cardiovascular disease [1-3]. Of course, this would make it more difficult to provide successful diabetes treatment within national diabetes programs around the world [4].

In the last decade, the individuals who are diagnosed with diabetes has doubled and continues to increase [5]. The majority of diabetic elderly have Type 2 diabetes, which occurs when the pancreas stops producing enough insulin to meet the body's needs or when the body fails to act to the insulin that is released [6]. So if cells are unable to utilize glucose, it can build up to harmful levels in the blood, causing organ and tissue harm. Diabetes is a condition that affects the skin, kidneys, nerves, heart, and circulatory system, among other organs. High blood glucose levels can harm the heart, resulting in heart disease and other heart problems. Other side effects of persistently elevated blood sugar in elderly people include incontinence, an increased risk of infection, slow healing, and confusion [7]. Diabetes has been related to schizophrenia, dementia, dental issues, hepatitis B and C, and hypothyroidism, among other things. Monitoring blood glucose, losing or maintaining a healthy body weight, and avoiding complications are the targets for patients with Type 2 diabetes. There are diabetes education centers in the city that offer a team approach to providing education and care to clients. Clients are taught how to monitor their own health at home, including blood sugar tests and symptoms control.

Diabetic patients who live in long-term care homes can receive a variety of services. Long-term care residents can be physically weak, have other clinical diagnosis, suffer from cognitive or emotional impairments, and be on various medications. They are unable to control their diabetes on their own and need in-home assistance from health care practitioners. Hospital services, meals/snacks, games, and prescriptions are all tailored to the dangers, disabilities, and needs of each resident. Although frailty and other health conditions can render rigid adherence to guidelines used for younger or more autonomous adults difficult, each resident's individual condition is taken into account [8]. These gaps in addressing the needs of the elderly exist to improve their quality of life: residents must feel relaxed and healthy in every way possible.

For seniors, several homes are implementing a "liberalized diet" strategy, encouraging diabetic residents to consume the same foods as anyone else [9]. This increases their quality of life, and studies have also shown that a less restrictive diet leads to more satisfaction of meals with less limits, as well as a higher intake of nutrients for overall improved health. Long-term care residents' blood sugar levels are also tracked as needed to improve regulation. Long-term care workers are aware that "normal" blood sugar levels for elderly should be higher in order to reduce the risks of low blood sugar [9].

Nutritionists in long-term care homes keep track of residents' progress against their goals, such as monitoring blood glucose levels and creating personalized food plans for community members whose blood glucose levels aren't controlled or who need a special diet due to diabetes complications like end-stage renal disease, dialysis, or other health issues. Nutritionists, nurses, and other health care practitioners evaluate and track residents on a quarterly basis, or more regularly as needed, and create care plans to meet their specific health and medical needs. Hypoglycemia, or low blood glucose, can be harmful for elderly. Seniors who are weak can be less conscious of hypoglycemia symptoms. This disorder is known as "hypoglycemia unawareness." Trembling, sweating, headaches, fatigue, dizziness, confusion, and fainting are all symptoms of low blood sugar, and they can all lead to falls, concussions, or broken bones. For elderly adults, these can be severe and life-threatening issues, so it's important to keep blood sugar levels from dropping too low. Hypoglycemia should be treated according to existing guidelines in the home.

In long-term care facilities, diabetes management necessitates facility workers performing most self-care tasks on the residents' behalf. Staff education and diabetes management will also benefit from the introduction of a realistic diabetes management model in long-term care facilities [10].

Therefore, patients of long-term care facilities are entitled to the best available treatment. Because their needs, interests, and levels of physical and mental health are all different, it's important to consider seniors as individuals rather than as a community. If a multidisciplinary team in a long-term care facility collaborates to ensure the best possible quality of life for and diabetic patient, including blood sugar monitoring and management, optimal care is given.

Disclosure Statement

The author declare that there are no conflicts of interest.

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