

Diabetes Management in Patients Receiving Palliative Care

Presented by:

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Reference: Quinn, K, Hudson P, and Dunning T. Journal of Pain and Symptom Management. Vol. 32, No. 3, 2006, pp 275-287.

Abstract

A literature review revealed no evidence-based guidelines specific to managing diabetes in the context of palliative care. The purpose of the current project was to describe the management practices of doctors and nurses caring for people with diabetes and advanced disease. Palliative care doctors, palliative care nurses, endocrinologists, and diabetes nurse educators participated in this study. A two-phase project was undertaken: 1) two focus groups, and 2) a cross-sectional survey using a self-completed questionnaire. The focus group and questionnaire data identified that doctors and nurses used a range of practices and blood glucose testing frequencies to control blood glucose based on experience and not according to a robust evidence base. Implications for practice include the importance of collaboration between diabetes and palliative care specialists, and the need to develop clinical management guidelines.

Strengths

Focus group consisted of practitioners from varied clinical backgrounds (diabetic nurse educators, endocrinologists, general practitioners, palliative care doctors and nurses from both inpatient and outpatient settings).

Questionnaire developed based on literature review findings and focus group analysis.

Analysis was done using framework method and by two independent researchers.

Weaknesses

Very small sample size (n=17) for focus group and for cross sectional survey (n=67)

Some participants in the focus group also participated in answering the questionnaire for the cross sectional survey.

Questionnaire was not formally validated.

Conclusion

There is a lack of evidence based guidelines for managing diabetes in palliative care patients. No consensus about an acceptable range for blood glucose during the last days of life. Frequency of monitoring was variable based on type of diabetes, stage of illness and practice setting.

Relevance to Palliative Care

The end goal of managing diabetes in the palliative patient is to prevent symptoms from hyperglycemia in order to maintain patient comfort. Unfortunately, the most accurate way to monitor blood sugar is by picking the finger, which can cause discomfort. This article reflects that more research would be beneficial in determining best practice management for diabetes in order to allow maximal comfort and prevention of symptoms.