Practice Alert

WaterlooWellington DIABETES

To: Health Care Professionals in Waterloo Wellington Region

Published By: Waterloo Wellington Diabetes (WWD)

Date Issued: June 2025

Re: Type 1 Diabetes and Palliative Care

Palliative End of Life Care for people with type 1 diabetes (T1D) differs from Palliative End of Life Care for people living with other forms of diabetes. For people with T1D, it is of vital importance to continue to manage diabetes with conservative insulin doses to avoid Diabetic Ketoacidosis (DKA) and symptomatic hyperglycemia, as this can lead to dehydration, confusion, frequent urination, fatigue, discomfort and reduced quality of life. Recently in our region there have been a few reported cases of DKA in palliative patients living with T1D due to deprescribing all insulins.

While meal-time insulin doses may be reduced or omitted based on individual factors such as fluctuating pre-meal blood glucose levels, weight loss or reduced appetite, it is essential that basal insulin is adjusted but **not** discontinued entirely (whether via injection or insulin pump), as it plays a critical role in preventing DKA.

Most people with T1D are accustomed to self-managing their diabetes and should be encouraged to continue. Some may benefit or their caregivers from extra support during this time of life. Consider a referral to a local Diabetes Education Program. These resources can help provide individualized care planning that aligns with the patient's goals, values, and overall comfort.

In the absence of established clinical practice guidelines specific to palliative care in individuals with T1D, the following are suggested approaches to support safe and individualized care:

- **Insulin is a required medication to avoid metabolic de-compensation and diabetes related emergencies**
- **Corticosteroid use will cause hyperglycemia –** review Steroid-Induced Hyperglycemia – a Guide for Healthcare Professionals to help support your practice (waterloowellingtondiabetes.ca)
- **Ensure medical records have a clear diagnosis of type of diabetes (type 1, type 2, prediabetes, steroid induced)** –do not use unclear terms as a diagnosis i.e. "IDDM, NIDDM, diabetes" as this could lead to errors in deprescribing (in hospital settings or palliative care teams)
- **Aim for blood glucose range of 6-15 mmol/L** – to avoid risks of hypo/hyperglycemia, tight glycemic control is not warranted, take time to explain these new targets as they differ greatly from normative care
- **Consider a glucose sensor prescription** – to lower the burden of capillary glucose monitoring
- **Provide nasal glucagon (Baqsimi) prescription -** to treat severe hypoglycemia
- **Review sick day guidelines and necessary insulin adjustments**
- **Consider completing a Waterloo Wellington Diabetes referral to access education and support –** via Ocean e-referral or see attached referral form

Sincerely,

Waterloo Wellington Diabetes on behalf of The Waterloo Wellington Adult Regional Diabetes Network

References:

1. Meneilly GS, Knip A, Miller DB, et al. *Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention of Management of Diabetes in Canada*: Diabetes in Older People. Can J Diabetes 2018;42(Suppl 1): S283-S295.
2. Older Adults: Standards of Medical Care in Diabetes. Diabetes Care 2022; 45(Supplement 1): S195-S207. https://doi.org/10.2337/dc22-S013
3. Palliative and End-Of-Life Care: Vital Aspects of Holistic Diabetes Care of Older People with Diabetes. Diabetes Spectr. 2020 Aug: 33(3): 246-254. doi: 10.2337/ds20-0014
4. End of Life Guidance for Diabetes Care. Trend Diabetes June 2024. EoL_TREND_2024_v11-1.pdf accessed May 5, 2025