

# November Spotlight: Diabetes Mellitus

## *Recognizing When Palliative or Hospice Care May Be Appropriate*

### Palliative Care & Diabetes Mellitus

**Goal:** Enhance quality of life by managing symptoms, reducing treatment burden, and supporting emotional and spiritual well-being.

#### Who Benefits:

- Individuals with advanced diabetes complications (e.g., neuropathy, retinopathy, kidney disease).
- Those experiencing frequent hospitalizations, poor glycemic control, or treatment fatigue.
- Patients with multiple comorbidities (e.g., heart disease, dementia, cancer).

#### Key Indicators for Referral:

- Persistent hypoglycemia or hyperglycemia causing distress.
- Erratic oral intake or weight loss impacting diabetes management.
- Painful fingersticks, medication side effects, or insulin burden.
- Emotional distress, depression, or caregiver burnout.
- Need for advance care planning or goals-of-care discussions.

#### Support Provided:

- Symptom management (e.g., fatigue, nausea).
- Medication simplification and deprescribing.
- Emotional and psychosocial support.
- Coordination with primary care and specialists.

### Hospice Care & Diabetes Mellitus

**Goal:** Provide comfort-focused care when life expectancy is  $\leq 6$  months and curative treatments are no longer pursued.

#### Who Benefits:

- Patients with end-stage diabetes complications (e.g., dialysis-dependent kidney failure, non-healing wounds, amputations).
- Those with declining functional status (bed/chair-bound  $>50\%$  of time).
- Individuals experiencing frequent infections, poor quality of life, or recurrent ER visits.

#### Key Indicators for Referral:

- Decision to forego disease-modifying treatments.
- Progressive decline despite medical interventions.
- Severe comorbidities (e.g., heart failure, advanced dementia).
- Uncontrolled symptoms (e.g., pain, dyspnea, fatigue).
- Family/caregiver stress and need for support.

#### Support Provided:

- 24/7 symptom management and nursing support.
- Emotional, spiritual, and bereavement care.
- Medication adjustments for comfort.
- In-home or community-based care coordination.



### Quick Tip for Referral Partners

If your patient with diabetes is experiencing **frequent crises, treatment burden, or declining function**, consider a consult with palliative or hospice care. Early referrals lead to better outcomes and improved quality of life.

## Why Families Choose WesleyLife

- Admission 7 days/week, including holidays
- Available to admit 24/7
- Full-time on-call clinical support
- Dedicated and compassionate staff



*Wherever you are on the path...*

### Curative and Palliative Care

*Hopeful, Treatment-Focused*

- Exploring care options with openness and compassion
- Easing symptoms alongside ongoing treatments
- Helping families make informed choices
- Building trust and preparing for what's ahead

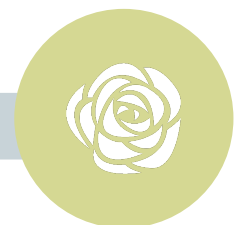


### Hospice Care

*Comfort, Presence, Dignity*

- Focus on quality of life
- 24/7 availability and on-call support
- Daily visits during final days of life

*... we're here to walk it with you.*



### Family Support and Legacy

*Navigating Loss With Love*

- Emotional and spiritual support
- Legacy planning and life celebration
- Grief support for families