Diabetes In Older Adults

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In older adults, Diabetes is a rising problem related to health and well-being all over the world. The factor of the ageing population all over the world is a key trigger and contributor to diabetes prevalence, which is why the older population epitomizes the swiftest expanding population of diabetes patients. One of the major concerns over this, in spite of the preventive measures taken at the Government level, is that the older diabetic population will grow drastically over the next few years because of the relationship between age and diabetes. Studies show that almost 33% of the U.S. population above the age of 65 years suffer from diabetes while about 50% of this population is not diagnosed. Prediabetes is also common in older adults as a further 33% of them are suffering from it. Pre-diabetes (Impaired glucose intolerance, i.e., blood sugar level is high but not so high that the patient is considered diabetic) is found to be associated with ageing, while postprandial hyperglycemia (blood glucose level above a desirable level after one or two hours of eating) is also a protruding sign of type 2 diabetes in the older population. Similarly, age-interrelated insulin endurance is linked with variations in body makeup and physical laziness or immobility, among many other factors. Along with macro-vascular and microvascular ailments, geriatric syndromes (healthcare issues related to old people) arise at a greater rate of recurrence in diabetic older adults and can influence health and quality of life; both are especially critical while getting older. These elderly disorders include fissures, despair, the presence of multiple health issues at the same time, hearing and sight loss, and complications of the urinary system. Diabetic persons also have more deterioration in functional muscle strength and muscle loss, especially with ageing. The menaces of overtreatment of hyperglycemia or undertreated hyperglycemia are significant in older adults, mainly over the renal onset for glycosuria, comprising signs of desiccation, wooziness, and falls. The delinquency of diabetes amongst older adults is growing along with the cost of providing diabetes-related care.

Writing

Diabetes occurrence is growing overall worldwide irrespective of age and is now a widespread and prevalent issue with the rise in social and economic loads. However, its occurrence and the cause of multiple other illnesses and death rates are higher in the elderly as compared to in the young diabetic population because of long life expectancy and lifestyle modifications. Diabetes is a disturbance in metabolic condition over a longer period of time and is defined by hyperglycemia (high blood sugar level) and a high level of glycated haemoglobin, along with the presence and absence of glycosuria. Glucose metabolism disorder (GMD) is a result of a lack of insulin production and pancreatic secretion

or a lack of the ability of insulin to act on the targeted tissues, i.e., insulin resistance, or it can be both. Actually, Diabetes in older adults is categorized into two groups: first is type 1 diabetes, which includes older adults who have survived diabetes at an earlier age and later developed diabetes at an older age, and the other group is type 2 Diabetes. Type 1 diabetes is an autoimmune condition that can develop at any age, although it is often diagnosed earlier in life. Older adults may either have lived with type 1 diabetes for many years or receive a later diagnosis; its presence does not mean that a person is in a terminal or final stage of illness. Management requires insulin, glucose monitoring, and care that accounts for any coexisting conditions. Type 2 diabetes is most common among adults over 60 years old because of insulin resistance, leading to a severe reduction in insulin secretion at the end stage of type 2 Diabetes. Reduction in insulin eventually results in several organs mutilating and malfunctioning, particularly the heart and blood vessels, kidneys, eyes, and nervous system. According to research, more than 25% of the U.S. population with an age greater or equal to 65 years suffers from diabetes. The ageing of the population is an important factor in diabetes prevalence for some authors. Out of every two older adults, one is either diabetic or pre-diabetic, while other authors state that 8 out of 10 older adults suffer from dysglycemia to some level. While approximately half of the older population at risk is undiagnosed, a further one-third of older adults suffer from pre-diabetes. Pre-diabetes (Impaired glucose intolerance, i.e., blood sugar level is high but not so high that the patient is considered diabetic) is found to be associated with ageing, while postprandial hyperglycemia (blood glucose level above a desirable level after one or two hours of eating) is also a protruding factor of type 2 diabetes in the older population. Therefore, healthcare providers suggest that a systematic screening test for postprandial glucose metabolism disorder is the finest way to diagnose the disease earlier and avoid other diabetic problems. One of the major concerns over this, in spite of the preventive measures taken at the Government level, is that the older diabetic population will grow drastically in the next few years because of the relationship between age and diabetes. In a research study conducted by Caspersen et al., diabetes has directly or indirectly affected 10.9 million of the US population, which is still a huge figure, but the cases are subjected to a further burgeon. The current statistics are expected to rise by 55% by 2050. In terms of blood sugar level figures, Diabetes in old people is the same as the one in the younger population, i.e., fasting glycemia equal to or greater than 1.26 g/l or glycemia after 75g glucose intake to be greater or equal to 2 g/l. Meanwhile, people having glycemia levels above 1.40 g/l suffer from an increase in glucose intolerance. However, the effects and the complications in the cases are directly related to the time period of exposure; the older the disease, the greater the susceptibility to complications. Older adults with diabetes are at considerable threat of both severe and persistent microvascular and cardiovascular problems of the disease and atherosclerosis, particularly due to Diabetes along with vision and cognition-related impairments, particularly Alzheimer’s disease and similar other kinds of dementia. Along with microvascular and macro-vascular diseases, many geriatric syndromes arise at a higher rate in older diabetic adults and may disturb health results along with the quality of life that plays an important role while ageing. These elderly disorders include fissures, despair, the occurrence of multiple diseases at the same time, hearing and sight loss, and complications of the urinary tract. Diabetic persons also have more deterioration in functional muscle strength and muscle loss in older age. The menaces of overtreatment of hyperglycemia or

undertreated hyperglycemia are significant in older adults, mainly over the renal onset for glycosuria, comprising signs of desiccation, wooziness, and falls. The incidence of reported cases of diabetes among the elderly population is growing along with the cost of providing diabetes-related care. Anticipation is the best way to lessen Diabetes along with the problem of frailty in older adults. It includes physical movement and decreases in sweet and fatty food to avoid flabbiness and insulin resistance in older age. In overweight persons and people with a diabetic history, postprandial blood glucose level testing can assist in diagnosing Diabetes at an early stage before complications start. The medicinal treatments to control and cure diabetes in older adults include Glycemic targets, Medications, Metformin (reduction of glucose level by increasing insulin sensitivity), Insulin secretagogues: Sulfonylureas and meglitinides, Insulin, etc. Maturing in age is described by the high pervasiveness of related co-illnesses and the risk of weakness. So, it is essential to offer high-quality and special care for older diabetic patients. Whichever treatment is chosen by the doctor, it must be centred on elderly categorization and individuation to prevent iatrogenic problems, particularly desiccation and hypoglycemia.

Rewriting

Diabetes occurrence is growing all over the world irrespective of age and is now a widespread and prevalent issue with the rise in social and economic loads. However, its occurrence and the cause of multiple other illnesses and death rates are higher in the elderly as compared to in the young diabetic population because the cohort has a relatively long life duration and also has the ability to adopt a healthier lifestyle. Diabetes is a disturbance in metabolic condition over a longer period of time and is defined by hyperglycemia (high blood sugar level) and a high level of glycated haemoglobin, along with the presence and absence of glycosuria. Glucose metabolism disorder (GMD) is a result of a lack of insulin production and pancreatic secretion or a lack of the ability of insulin to act on the targeted tissues, i.e., insulin resistance, or it can be both. Actually, Diabetes in older adults is categorized into two groups: first is type 1 diabetes, which includes older adults who have survived diabetes at an earlier age and later developed diabetes at an older age, and the other group is type 2 Diabetes. Type 1 diabetes is an autoimmune condition that can develop at any age, although it is often diagnosed earlier in life. Older adults may either have lived with type 1 diabetes for many years or receive a later diagnosis; its presence does not mean that a person is in a terminal or final stage of illness. Management requires insulin, glucose monitoring, and care that accounts for any coexisting conditions. Type 2 diabetes is most common among adults over 60 years old because of the insulin resistance leading to the severe reduction in insulin secretion at the end stage of type 2 Diabetes. Reduction in insulin eventually results in several organs mutilating and malfunctioning, particularly the heart and blood vessels, kidneys, eyes, and nervous system. According to research, a quarter of the US population aged above 65 years is currently suffering from diabetes. The ageing of the population is an important factor in diabetes prevalence for some authors. Out of every two older adults, one is either diabetic or pre-diabetic, while other authors state that 8 out of 10 older adults suffer from dysglycemia to some level. Approximately half of the older population at risk is

undiagnosed, and a further one-third of older adults suffer from pre-diabetes. Pre-diabetes (Impaired glucose intolerance, i.e., blood sugar level is high but not so high that the patient is considered diabetic) is found to be associated with ageing, while postprandial hyperglycemia (blood glucose level above a desirable level after one or two hours of eating) is also a protruding factor of type 2 diabetes in the older population. Therefore, healthcare providers suggest that a systematic screening test for postprandial glucose metabolism disorder is the finest way to diagnose the disease earlier and avoid other diabetic problems. One of the major concerns over this, in spite of the preventive measures taken at the Government level, is that the older diabetic population will grow drastically in the next few years because of the relationship between age and diabetes. According to Caspersen et al., diabetes has directly or indirectly affected 10.9 million of the US population, which is still a huge figure. Still, the cases are subjected to a further burgeon. The current statistics are expected to rise by 55% by 2050. In terms of blood sugar level figures, Diabetes in old people is the same as the one in the younger population, i.e., fasting glycemia equal to or greater than 1.26 g/l or glycemia after 75g glucose intake to be greater or equal to 2 g/l. Meanwhile, people having post-loading glycemia between 1.40 and 1.99 g/l suffer from an increase in glucose intolerance. However, the effects and the complications in the cases are directly related to the time period of exposure; the older the disease, the greater the susceptibility to complications. Older adults with diabetes are at considerable threat of both severe and persistent microvascular and cardiovascular problems of the disease and atherosclerosis, particularly Diabetes, along with vision and cognition-related impairments, particularly Alzheimer’s disease and similar other kinds of dementia. Along with microvascular and macro-vascular diseases, many geriatric syndromes arise at a higher rate in older diabetic adults. They may disturb health results along with the quality of life, which plays an important role in ageing. These elderly disorders include fissures, despair, the occurrence of multiple diseases at the same time, hearing and sight loss, and complications of the urinary tract. Diabetic persons also have more deterioration in functional muscle strength and muscle loss in older age. The menaces of overtreatment of hyperglycemia or undertreated hyperglycemia are significant in older adults, mainly over the renal onset for glycosuria, comprising signs of desiccation, wooziness, and falls. The problem of diabetes among older adults is growing along with the cost of providing diabetes-related care. Anticipation is the best way to lessen Diabetes along with the problem of frailty in older adults. It includes physical movement and decreases in sweet and fatty food to avoid flabbiness and insulin resistance in older age. In overweight persons and people with a diabetic history, postprandial blood glucose level testing can assist in diagnosing Diabetes at an early stage before complications start. The medicinal treatments to control and cure diabetes in older adults include Glycemic targets, Medications, Metformin (reduction of glucose level by increasing insulin sensitivity), Insulin secretagogues: Sulfonylureas and meglitinides, Insulin, etc. Maturing in age is described by the high pervasiveness of related co-illnesses and the risk of weakness. So, it is essential to offer high-quality and special care for older diabetic patients. Whichever treatment is chosen by the doctor, it must be centred on elderly categorization and individuation to prevent iatrogenic problems, particularly desiccation and hypoglycemia.

Finalizing

Diabetes occurrence is growing overall worldwide irrespective of age and is now a widespread and prevalent issue with the rise in social and economic loads. However, its occurrence is the cause of multiple other illnesses and death rates are higher in the elderly as compared to in the young diabetic population because of long life expectancy and lifestyle modifications. Diabetes is a disturbance in metabolic condition over a longer period and is defined by hyperglycemia (high blood sugar level) and a high level of glycated haemoglobin, along with the presence and absence of glycosuria. Glucose metabolism disorder (GMD) is a result of a lack of insulin production and pancreatic secretion or a lack of the ability of insulin to act on the targeted tissues, i.e., insulin resistance, or it can be both.

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According to research, more than 25% of the U.S. population with an age greater than or equal to 65 years suffers from diabetes (Kirkman, 2012). The ageing of the population is an important factor in diabetes prevalence for some authors. Out of every two older adults, one is either diabetic or prediabetic, while other authors state that 8 out of 10 older adults suffer from dysglycemia to some level (Chentli et al., 2015, p. 744). Approximately half of the older population at risk is undiagnosed, while a further one-third of older adults suffer from prediabetes (Kalyani et al., 2017, p. 441). Prediabetes (Impaired glucose intolerance, i.e., blood sugar level is high but not so high that the patient is considered diabetic) is found to be associated with ageing, while postprandial hyperglycemia (blood glucose level above a desirable level after one or two hours of eating) is also a protruding factor of type 2 diabetes in the older population. Therefore, healthcare providers suggest that a systematic screening test for postprandial glucose metabolism disorder is the finest way to diagnose the disease earlier and avoid other diabetic problems.

One of the major concerns over this, despite the preventive measures taken at the Government level, is that the older diabetic population will grow drastically in the next few years because of the relationship between age and diabetes. Diabetes has directly or indirectly affected 10.9 million of the US population, which is still a huge figure, but the cases are subjected to a further burgeon. The current statistics are expected to rise by 55% by 2050 (Caspersen et al., 2012, p. 1485). In terms of

blood sugar level figures, Diabetes in old people is the same as the one in the younger population, i.e., fasting glycemia equal to or greater than 1.26 g/l or glycemia after 75g glucose intake to be greater or equal to 2 g/l. Meanwhile, people with post-loading glycemia between 1.40 and 1.99 g/l suffer from an increase in glucose intolerance.

Diabetes complications and co-morbidities are more frequent in old diabetics compared to their young counterparts. Older adults with diabetes are at considerable threat of both severe and persistent microvascular and cardiovascular problems of the disease and atherosclerosis, particularly due to Diabetes along with vision and cognition-related impairments, particularly Alzheimer's disease and similar other kinds of dementia. Along with microvascular and macrovascular diseases, many geriatric syndromes arise at a higher rate in older diabetic adults and may disturb health results along with the quality of life, which plays an important role in ageing. These elderly disorders include fissures, despair, the occurrence of multiple diseases at the same time, hearing and sight loss, and complications of the urinary tract. Diabetic persons also have more deterioration in functional muscle strength and muscle loss in older age (Chentli et al., 2015, p. 744).

The menaces of overtreatment of hyperglycemia or undertreated hyperglycemia are significant in older adults, mainly over the renal onset for glycosuria, comprising signs of desiccation, wooziness, and falls. The incidence of diabetes cases among the elderly population is growing. Along with this, the medicinal expenditure on diabetes and related complications has also increased manifolds. Anticipation is the best way to lessen Diabetes along with the problem of frailty in older adults (Caspersen et al., 2012, p. 1485). It includes physical movement and a decrease in sweet and fatty food to avoid flabbiness and insulin resistance in older age. In overweight persons and people with a diabetic history, postprandial blood glucose level testing can assist in diagnosing Diabetes at an early stage before the start of complications.

The medicinal treatments to control and cure diabetes in older adults include Glycemic targets, Medications, Metformin (reduction of glucose level by increasing insulin sensitivity), Insulin secretagogues: Sulfonylureas and meglitinides, Insulin, etc (Chentli et al., 2015, p. 744).

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Proofreading

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One of the major concerns over this, despite the preventive measures taken at the Government level, is that the older diabetic population will grow drastically in the next few years because of the relationship between age and diabetes. According to Caspersen et al., diabetes, either diagnosed and/or undiagnosed, affects approximately 10.9 million US adults aged 65 years or above, and this number is supposed to reach 26.7 million by 2050, which means a 55% increase in the number of all diabetes cases concerning the current figures (Caspersen et al., 2012, p. 1485). Therefore, healthcare providers suggest that a systematic screening test for postprandial glucose metabolism disorder is the finest way to diagnose the disease earlier and avoid other diabetic problems.

Diabetes complications and co-morbidities are more frequent in old diabetics compared to their young counterparts. Older adults with diabetes are at considerable threat of both severe and persistent microvascular and cardiovascular problems of the disease and atherosclerosis, particularly due to Diabetes along with vision and cognition-related impairments, particularly Alzheimer's disease and similar other kinds of dementia. Along with microvascular and macro-vascular diseases, many geriatric syndromes arise at a higher rate in older diabetic adults and may disturb health results along with the quality of life, which plays an important role in ageing. These elderly disorders include fissures, despair, the occurrence of multiple diseases at the same time, hearing and sight loss, and complications of the urinary tract. Diabetic persons also have more deterioration in functional muscle strength and muscle loss in older age (Chentli et al., 2015, p. 744).

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Summary

For me, writing a complete, flawless project seems to be intimidating and upsetting sometimes. However, this writing practice helped me a lot to build my confidence not only in my writing ability but also in reviewing my work critically. This assignment also helped me to analyze my work from my peer's perspectives and to be open and considerate to changes suggested by them in the rewriting and proofreading steps. I really enjoyed the whole process, and I am confident this assignment will help me in future writing tasks as well.

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