IGDS Newsletter - Outline

1. **Message from the Founding President, Dr. Medha Munshi, Professor of Medicine, Harvard Medical School, Geriatrician and Endocrinologist.**

We are thrilled to bring in the New Year with our second International Geriatric Diabetes Society (IGDS) newsletter! The IGDS was established with the mission to improve knowledge, clinical care, and research in the area of aging and diabetes. Since 2019, we have successfully organized 6 workshops with focuses on different aspects of diabetes management in older people - see Research Priorities & Publications on the IGDS website (https://www.geriatricdiabetes.org/) for a review of topics from prior years key consensus papers that were published as a result of these meetings. Our most recent IGDS workshop in October 2025 was focused on improving diabetes care in long-term care settings. We had sensational speakers summarize the literature, share their research, and offer perspectives on key clinical and research gaps and potential strategies for filling these gaps to improve the outcomes of those living with diabetes. This 2025 IGDS workshop was the second to include an educational day dedicated to teaching trainees how to manage the growing population of older adults with diabetes. This teaching day offered clinicians practical tips and strategies on how to evaluate and manage geriatric patients with diabetes, both in long-term care settings and more broadly.

As Founding President of the IGDS, it has been deeply rewarding to witness clinicians, patients, researchers, educators, and - more recently - trainees come together with a shared commitment to improving care for older adults living with diabetes. We remain steadfast in this mission and continue to reflect, adapt, and grow as a society, incorporating emerging evidence and rapidly evolving technologies into our standards of care for older adults. In response to the needs of a growing and increasingly complex aging population with diabetes, we are re-envisioning the 2026 IGDS workshop to foster broader exchange of research and clinical expertise. The updated workshop format will include abstract submissions for oral and poster presentations, as well as an expanded range of moderated sessions and debates. These changes are designed to extend IGDS's impact in both research and clinical practice, while creating a more inclusive forum where experts and learners can engage, share best practices, explore new technologies, and collaboratively shape future clinical and research initiatives - all with the ultimate goal of improving the lives of older adults living with diabetes.

2. **Key Guideline/Practice Documents on Diabetes Management in Long-term Care Settings:**

- **Type 1 diabetes in care homes: A practical guide on management.** Sinclair et al. *Diabet Med.* 2025. https://pubmed.ncbi.nlm.nih.gov/39500566/
    - This article addresses the unique challenges of managing type 1 diabetes in care home residents, emphasizing the risks of hypoglycemia, variable nutrition, cognitive impairment, and staff skill limitations. It provides practical, case-based guidance on insulin regimens, glucose monitoring, sick-day management, and the use of diabetes technologies in institutional settings. The authors stress the importance of individualized care plans, staff education, and clear communication between care homes and specialist diabetes teams to ensure safety and quality of care.

- **Clinical Practice Guideline for Diabetes Management in the Post-Acute and Long-Term Care Setting.** Davidson et al. *J Am Med Dir Assoc*. 2024. https://pubmed.ncbi.nlm.nih.gov/39401750/
    - This guideline offers evidence-based recommendations for the assessment and management of diabetes in post-acute and long-term care environments, where residents often have complex comorbidities and limited life expectancy. It prioritizes simplified treatment regimens, avoidance of hypoglycemia, and glycemic targets tailored to functional status, cognitive health, and goals of care. The guideline also outlines interdisciplinary care processes, transitions of care, and quality improvement strategies to support safe, person-centered diabetes management in these settings.

3. **Important Research on Aging and Diabetes by IGDS members!**

- **Kudva et al. Automated Insulin Delivery in Older Adults with Type 1 Diabetes. NEJM Evid. 2025**
- **Kudva et al. AIDE study group. Automated Insulin Delivery in Elderly with Type 1 Diabetes: A Prespecified Analysis of the Extension Phase. Diabetes Technol Ther. 2025.**
    - The goal of the study was to test if automated insulin delivery reduced time spent in hypoglycemia glucose ranges among 82 older adults with type 1 diabetes, using a randomized trial design. The study found that automated insulin delivery was feasible and effective at reducing hypoglycemia, while simultaneously increasing improving time-in-range, with benefits that sustain over time.
- **Wisniewski et al. Levels of diabetes distress and its sources among older adults with type 1 diabetes and relationships to diabetes duration*. J Diabetes Complications.* 2025**
    - This study assessed levels of diabetes distress—the known worries, concerns, and fears associated with living with diabetes— in a sample of older adults with type 1 diabetes. Older adults reported lower levels of diabetes distress compared to estimates from younger age groups. Older adults were more likely to have higher distress if they were women, had higher HbA1c, or a history of an emergency room visit in the last year. but sources of distress were revealing. Sources of distress that were most pronounced were financial worries, management difficulties, and worries about complications.
- **Kahkoska et al. Use of a Claims-Based Algorithm to Characterize Uptake of Continuous Glucose Monitoring Among Older Adults With Type 1 and Type 2 Diabetes Meeting Medicare Coverage Criteria From 2017 to 2019. *Diabetes Care*. 2025**
    - The objective of this study was understand how many older adults with type 1 diabetes initiated CGM shortly after Medicare examined coverage for the device in 2017, and compare the characteristics of those who were eligible for CGM coverage and eventually initiated CGM with those who did not. The study found low adoption of CGM among older adults with diabetes in 2017-2019, where ~1 in 6 who met criteria for Medicare coverage filled a claim for CGM. CGM users were more often White, had type 1 diabetes, used pumps, received endocrinology care, and markers of higher socioeconomic status; they were less likely to be frail or have dementia.
- **Christiaens A, Boureau AS, Guyomarch B, de Decker L, Boland B, Hadjadj S, Cariou B. Diabetes overtreatment and hypoglycemia in older patients with type 2 diabetes on insulin therapy: insights from the HYPOAGE cohort study. Diabetes Care. 2025.**

    - This study aimed to learn how different computational definitions of diabetes overtreatment predicted its consequence of hypoglycemia, measured by CGM. The study found that many of the definition of overtreatment that researchers use did not predict hypoglycemia, underscoring that revised definitions are needed for the field to predict and prevent medication-associated hypoglycemia.
- **Toschi E, Savory M, Conery C, Krakoff N, Adam A, Slyne C, Munshi M. Impact of Simplification Strategies on Postmeal Glucose Excursions in Older Adults with Type 1 Diabetes and Hypoglycemia. Diabetes Technology & Therapeutics. 2025.**
    - Older adults with diabetes may benefit from simplification of their diabetes management regimens to reduce hypoglycemia. This study aimed to assess the impact of CGM-guided simplification on post meal glycemia. The study found that among 88 older adults with type 1 diabetes, simplification strategies resulted in fewer episodes of post-meal hypo- and hyperglycemia.
- **Munshi MN, Slyne C, Adam A, Krakoff N, Brabant H, Savory M, Maurer J, Toschi E. Excessive Burden of Hyperglycemia Along With Hypoglycemia in Long-Term Care Facilities Identified by Continuous Glucose Monitoring. Journal of the American Medical Directors Association. 2025.**
    - This study used CGM to assess the burden of hypo- and hyperglycemia among older adults with diabetes living in long-term care facilities. The study found that among 65 long-term care residents, there was a high burden of both hypo- and severe hyperglycemia, despite HbA1c levels being in range.
- **Jancev M, Eliasson B, Gerstein HC, Eeg-Olofsson K, Cukierman-Yaffe T, Biessels JG, DeVries JH, Visseren FLJ, Sattar N, van Sloten TT. Dementia Risk in People With Type 1 Diabetes and Associated Risk Factors: A Nationwide, Register-Based Cohort Study. Diabetes Care. 2025**
    - This nationwide Swedish cohort study found that people with type 1 diabetes had about double the risk of developing all-cause dementia – including Alzheimer's and vascular dementia – than matched controls.

Clinical corner with Ashley Pickering Brown, MSN, APRN, AGNP-C, CDCES, Joslin Diabetes Center.

What are some important clinical updates and considerations that may benefit older adults living with diabetes?

- **Medtronic 780G -** Now approved for type 2 diabetes, insurance coverage will follow
    - https://news.medtronic.com/2025-09-02-FDA-Clears-MiniMed-TM-780G-System-to-Enable-Integration-with-the-Instinct-Sensor,-Made-by-Abbott,-and-Approves-Use-in-Type-2-Diabetes
    - All supplies come directly from Medtronic when ordering supplies, which could be problematic if Medtronic is having supply chain issues, but it *can also be simpler and more straightforward for patients*, as they only need to order from (and worry about) one device source.
- **Simplera Medtronic sensors** are now available, and they offer the benefit of a one-piece sensor (versus prior Medtronic sensors that included multiple parts)
    - Simplera sensors are approved in T1D and T2D
    - Changed every 7 days, aligning with the 7-day infusion sets from Medtronic.
- **Abbott Instinct** (i.e. Libre 3+ technology) – this will work with the Medtronic 780G and thus allow for the sensor to have 15 days of wear.

    - Only approved in T1D. We are waiting to see how (or if) this will impact insurance coverage
- **Sequel TWIIST** – Came out in August 2024. A big benefit is the ability to adjust targets, and specify higher targets for older adults, for example. It is more “hands on” than the iLet system.
    - Works with Libre 3+ and Eversense
- **Eversense sensor –** 1 year wear, and the newest version only requires daily glucose calibration for 2 weeks, then once per week (which is a vast improvement from the prior version that required daily calibration long term)
- **Cequr device** – went from 3 day wear to 4 day wear in the newest version

4. Trainee Highlight

We were thrilled to highlight three clinicians who attended the IGDS workshop for trainees this past October 2025. These clinicians represent a diverse set of expertise (i.e., Geriatrics, Endocrinology, Primary Care). share helpful insights about the Workshop and about how this experience has influenced their clinical practice.

Elvina Yunasan, MD, Endocrinology fellow, BIDMC/Joslin Diabetes Center, U.S.

Elvina was born and raised in Indonesia. She completed her internal medicine residency and ambulatory chief residency at the University of Maryland. Elvina is currently a second year Endocrinology fellow at BIDMC/Joslin Diabetes Center, and she is interested in practicing General Endocrinology in an academic setting after she graduates. When asked why she wanted to attend the workshop, she mentioned **"*during fellowship we encounter multiple patients that are considered a geriatric population, and management can be particularly challenging [in this group], both inpatient and outpatient*”,** the workshop provided her with strategies to managing this population, and helped her realize that **"*there is no cookie cutter approach***" to the geriatric patient.

The IGDS workshop provided Elvina with key insights into best practices that she will carry forward in her practice. For example, since the IGDS workshop, Elvina managed a patient who was admitted to the hospital from a long-term care with a stroke. The patient was on oral antihyperglycemic agents in addition to insulin glargine and as-needed sliding scale. The IGDS workshop higlighted PRN sliding scale insulin as an intervention that is often unnecessary for older adults with type 2 diabetes. Elvina was able to identify that sliding scale was indeed unnecessary in this patient’s case, and by discontinuing sliding scale insulin she was also able to lessen treatment burden (i.e. minimize fingerstick checks) while maintaining the patient’s individualized glycemic goals. Overall, Elvina found Workshop Sessions 3 and 4 related to medication management and treatment realignment strategies to be particularly useful for informing her practice.

Thinesnee Sithambaram, MBBS, Geriatrician, Taiping, Malaysia

Thinesnee is a practicing geriatrician in the city of Taiping in Malaysia. Taiping is approximately 4 hours from the capital (Kuala Lumpur), and it is often thought of as a retirement city due to its high density of older adults. Thinesnee works in the public health system and practices in both outpatient and inpatient settings. She was doing a clinical fellowship in Geriatric Medicine at the University of Toronto (2024-2025) when she received an email about the IGDS workshop. Thinesnee enjoys the complexity of managing the geriatric population, and the primary driver of her applying to the IGDS workshop was to learn more about diabetes care in this context.

As part of her usual practice, Thinesnee is used to viewing the patient in a holistic manner and incorporating social factors into shared decision-making. She reports that the patient session was ***"was particularly moving and insightful"*,** and she notes that it "***opened a new perspective through the patient lens***", including challenges experienced when dealing with technologies and healthcare settings. Thinesnee notes that she has yet to encounter many older adults with T1D in Malaysia, and hearing these insights directly from patients with T1D was a new experience. Thinesnee looks forward to seeing more adults with T1D surviving into older adulthood in Malaysia, and she plans to advocate for greater access to medications and diabetes technologies in this group.

Lauren M. Mitchell, MD, Primary Care Physician, University of Chicago, U.S.

Lauren completed her medicine residency at NY Presbyterian Hospital/Weill Cornell Medical Center and General Internal Medicine fellowship at the University of Chicago. She is a practicing Primary Care Physician and health services researcher at the University of Chicago who currently spends 80% of her time doing research and 20% in clinical practice. During her residency, Lauren worked at a Federally Qualified Health Center (FQHC) where she predominantly managed patients in middle adulthood – Lauren now sees a high volume of Medicare patients in her practice and she decided to attend the IGDS workshop to fill in knowledge gaps related to the management of diabetes in older adults. Specifically, she was interested in learning about devices and technologies that can support the care of this population; Lauren found the following sessions particularly useful:

1) Session 1: *Unique characteristics and clinical presentation of older adults with diabetes* – this session provided practical approaches and tips for identifying frailty and geriatric syndromes.
2) Session 2: *Hands on training on approach to physical exam in an older adult with diabetes* – Lauren felt that the demonstrations of *how* to incorporate simple observation and testing into the routine clinical exam were very helpful.
3) Session 8: *Hands on training using technology with physical barriers encountered by older adults with dibaetes* – this session succesfully combined learning about new technologies with practical tips related the geriatric population (e.g., which technologies may be easier depending on different barriers patients and care partners face, how to make adaptations, etc.)

In summary, Lauren reports that the IGDS workshop offered "***practical tips on how to evaluate older adults in clinic settings***", and the sessions also inspired her to iterate on research ideas related to CGM use in older adults.

5. Brief messages from other IGDS Chairs – Hopes and plans for 2026:

a. Advocacy - KC D'Onfro, American Diabetes Association

"ADA staff attended the IGDS Workshop in October 2025 and were grateful to be included in the powerful conversation. The ADA is committed to ensuring that the Standards of Care are implemented effectively and equitably in long term care settings

With 90% of diabetes patients receiving care in primary care settings—which often include older adults—the American Diabetes Association (ADA) is dedicated to enhancing primary care initiatives in 2026. ADA's Primary Care Alliance and Primary Care Council will continue to explore practical solutions to improve lives of older adults living with diabetes. Moreover, the ADA's advocacy are essential for

*supporting older adults with diabetes. Learn more about American Diabetes Association Advocacy Initiatives here: **https://diabetes.org/advocacy**."*

b. Research – Dr. Tali Cukierman-Yaffe

"As Scientific Lead of the IGDS, it has been both encouraging and inspiring to witness the growing body of high-impact research focused on diabetes in older adults. Over recent years, we have seen a clear increase in the inclusion of older individuals in diabetes randomized controlled trials, alongside a rise in publications addressing issues of particular relevance to this population. Notably, advances in diabetes-related technologies for older adults have been highlighted in a dedicated chapter of the ATTD Yearbook, authored by IGDS members.

Looking ahead to 2026, we are excited to share that an IGDS-led multicenter study is underway. This feasibility study will demonstrate the group's capacity to function as a coordinated data-collection platform, enabling remote assessment of outcomes that matter most to older adults with diabetes, including physical and cognitive health agility."

c. Education – Dr. Naushira Pandya

"As the Education Lead of IGDS, it has been heartening to see that almost all major primary care, geriatrics, and diabetes conferences include presentations on the nuances of managing diabetes in older adults, and the use of technology on this population in various care settings. Several thousand participants attending conferences in 2025 have been recipients of this education. The ADA Standards of Care Section on Older Adults is also receiving a large number of hits from readers worldwide.

In 2026, we hope provide a clear roadmap to trainees and practitioners on an Age Friendly Approach to Diabetes in older adults in various care settings.

Stef here is the link to the 2026 ADA Standards for Older Adults. -Please place as you see fit.

https://diabetesjournals.org/care/article/49/Supplement_1/S277/163921/13-Older-Adults-Standards-of-Care-in-Diabetes-2026

6. **Submit an abstract for IGDS 2026!**
   a. Date of IGDS workshop/conference: November 11-13, 2026
   b. Submit your abstract by June 30, 2026.
      i. Abstract criteria: 250 words, must be related to diabetes in older adults
      ii. Submission link will be available in the Spring.

7. **Sign up to IGDS!** at https://www.geriatricdiabetes.org/membership/