ECHO Idaho: Diabetes and Metabolic Conditions
CASE RECOMMENDATION FORM

ECHO Session Date: 8-6-26

Thank you for presenting your patient at ECHO Idaho.

Summary: This case involves a 76-year-old woman with type 2 diabetes, dementia, chronic kidney disease/nephropathy, ASCVD, and a prior episode of hyperosmolar hyperglycemic state who is living with her daughter after discharge from a nursing home in January 2026. Despite an A1c of 7.4% (up from 6.2% in January 2025 and 6.6% in January 2026), her fasting glucose levels remain elevated at 186-227 mg/dL, with CGM data showing significant hyperglycemia and limited time in range. Her current diabetes regimen includes Soliqua, Januvia, and Libre 3 CGM, while metformin was previously discontinued due to acute kidney injury.

Multiple supportive services have been offered, including diabetes education, nutrition counseling, cardiology, geriatrics, and urology. The patient's daughter wishes to continue caring for her at home and prioritizes close monitoring and follow-up while avoiding transition to a higher level of care.

Question: The care team seeks guidance on establishing realistic glycemic targets (currently aiming for fasting glucose <200 mg/dL), improving hydration, and supporting the daughter-caregiver, whose limited health literacy, competing work responsibilities, and focus on recurrent UTIs as the cause of confusion rather than dementia have at times complicated care.

This is a challenging case involving the intersection of advanced age, dementia, complex diabetes management, and significant caregiver involvement. Diabetes care in older adults is among the most difficult and least well-studied areas of practice, and the addition of dementia further increases the complexity of decision-making and daily management. The ECHO panel recognizes the thoughtful work being done to support both the patient and her caregiver.

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

Dementia and Goals of Care

- Consider seeking additional support from geriatric and dementia specialists to assist with care planning and caregiver education (Kara Kuntz, MD, Saint Alphonsus Memory Center)
- Recognize that the patient's dementia is the primary driver of care needs and decision-making.
    - Shift the focus from diabetes metrics toward safety, comfort, quality of life, and avoidance of preventable hospitalizations.
- Continue discussions regarding goals of care, including long-term expectations and future care planning.

- Consider introducing conversations about advanced care planning and end-of-life preferences while respecting the family's wishes and values.

Caregiver Support and Education

- Continue building a collaborative, trusting relationship with the daughter, recognizing that successful implementation of the care plan depends heavily on caregiver understanding, engagement, and support.
- Provide ongoing education about:
  - Dementia progression
  - Realistic blood glucose goals for older adults
  - Risks associated with overtreatment
- Develop written guidance for the caregiver outlining:
  - When emergency evaluation is needed
  - Signs and symptoms of a true UTI
  - Blood glucose parameters that require action
  - Situations that can safely be managed at home
- Recognize that anxiety related to previous caregiving experiences may influence decision-making and health care utilization.

Home and Community Support

- Consider an in-home assessment to evaluate safety concerns, environmental barriers, and unmet caregiving needs.
- Explore additional support services such as:
  - Home health care
  - Respite services
  - In-home caregivers
  - Community-based aging resources
- Assess whether financial, social, or logistical barriers are affecting decisions about care options.
- Discuss the potential benefits of additional caregiving assistance, particularly given that the daughter is working full-time while providing care.

Glycemic Goals and Diabetes Management

- The panel discussed that fasting blood glucose levels in the 160-180 mg/dL range may be reasonable given the patient's age, advanced dementia, CKD, and functional limitations.
- Focus on preventing symptomatic hyperglycemia, hypoglycemia, and hospitalization rather than achieving tight A1c goals.
- Keep the diabetes regimen as simple as possible and avoid treatments that increase the risk of hypoglycemia.
- Consider whether Januvia (sitagliptin) remains beneficial, as it may be redundant in a patient already receiving Soliqua (which contains a GLP-1 receptor agonist).
- Avoid adding or restarting SGLT2 inhibitors due to concerns about dehydration, kidney injury, and potential worsening of urinary symptoms.

- If poor oral intake continues to worsen, evaluate whether the GLP-1 component of Soliqua may be contributing to reduced appetite.

Hydration and Nutrition

- Determine whether poor hydration is due to a dislike of water or whether it is primarily related to advanced cognitive impairment and dementia.
- Consider adding small amounts of flavoring or artificial sweeteners to fluids if this increases acceptance.
- Expand hydration options beyond water, including milk, yogurt, soups, broths, and other foods or beverages with high fluid content.
- Prioritize adequate hydration and nutrition over strict dietary restrictions.

Urinary Tract Infection Evaluation and Prevention

- Avoid attributing confusion alone to a urinary tract infection and consider evidence-based guidance regarding asymptomatic bacteriuria when evaluating urinary concerns in older adults.
- Continue evaluating for true UTIs when additional urinary symptoms are present.
- Review patterns of urgent care and emergency department visits to reduce unnecessary antibiotic use.
- If recurrent UTIs are confirmed, consider vaginal estrogen therapy as a preventive strategy.