

# Developing Clinical Practice Guideline to Improve Care of Older People with Diabetes: The McKellar Guidelines

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# Conflicts of interest

- I have no conflicts to declare regarding this presentation.
- In the past I have:
  - Provided consultant advice and received honorariums and/or support to travel to present at meetings from Australian College of Nursing, Servier, Sanofi Aventis, Eli Lilly, Astra Zeneca, NovoNordisk, Becton Dickinson, Johnson & Johnson, Pharmacy Association of Australia, Australian Diabetes Society, Australian Diabetes Educators Association
  - Served on the Boards of the International Diabetes Federation, Diabetes Victoria, International Medical University of Malaysia
  - Served on Australian Victorian and National Government consultancy/advisory committees

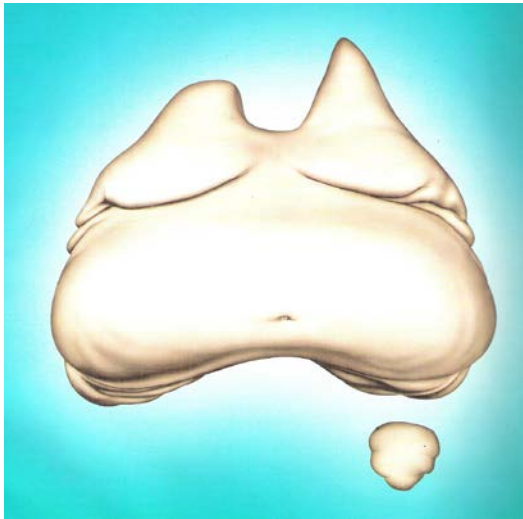
# Overview

The McKellar Guidelines for  
Managing Older People with Diabetes in  
Residential and Other Care Settings

- Provide some background to why the McKellar Guidelines were developed
- Describe diabetes and older people
- Outline the process used to develop and evaluate the McKellar Guidelines
- Describe some key outcomes from the evaluation
- Suggest strategies for implementing the McKellar Guidelines in other settings

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# Diabetes prevalence in older Australians



- ~ 6% of Australians older than 18 years has diabetes
- Older age is a risk factor for diabetes
- 18%-20% of Australians > 65 years have diabetes
- A further 18%-20% are undiagnosed, risk and likely have at least one diabetes complication
- 1 in 4 people in aged care facilities
- ~ 33% Aboriginal Peoples
- 14% pregnant women develop gestational diabetes

# Types 1 and 2 diabetes

- People with type 1 are surviving to old age
- Type 1 can be diagnosed in older age
- Most have type 2
- Type 2 is a slow progressive disease with gradual loss of beta cell function and other changes that lead to:
  - Reduced insulin production
  - Insulin resistance
  - Hyperglycaemia and hypertriglyceridemia
  - Inflammatory and oxidative changes that lead to complications functional and sensory changes and affect quality of life

# Older people with diabetes



- Older people *are highly individual*  
They are *not a homogeneous group*
- Care ***must*** be decided ***with*** the individual considering their:
  - Social situation
  - Relevant risks
  - Benefits and risks of treatment
  - Functional status
  - Disease trajectory and life expectancy
  - Goals, values and preferences

# Categories of functional status



INTERNATIONAL DIABETES FEDERATION  
**MANAGING OLDER PEOPLE  
WITH TYPE 2 DIABETES**  
GLOBAL GUIDELINE



- Independent and self-caring
- Independent but require some assistance to maintain independence
- Frail, vulnerable and may have cognitive impairment may be able to undertake some self-care with support
- Dementia
- End of life



- There is an association between diabetes and cognitive impairment and dementia
- Glucose variability, hyper- and hypoglycaemia, are serious adverse events that are associated with:
  - Falls risk
  - Exacerbated pain
  - Depression
  - Cognitive changes e.g. executive function
  - Sexual health issues
  - Elder abuse
- Affect social and family relationships and family carers' independence and health



# Significant medicine-related risks



- Most 'diabetes guidelines' do not address these specific, inter-related care issues
- Advocate personalised care but do not explain how to deliver it
- Care needs are different from the care needs of younger people
- There is limited RCT evidence on which to base many care recommendations for older people, especially those living in residential aged care facilities (RACF)

# Aim

- Develop, implement and evaluate guidelines for managing older people with diabetes in residential and other care settings using the best available evidence
- Use an ‘appropriate’ guideline development process
- Engage with/consult with key health professional and older people with diabetes throughout the process
- Determine whether the Guidelines were acceptable to staff providing care (fit for purpose)
- Determine the value of ‘expert opinion’

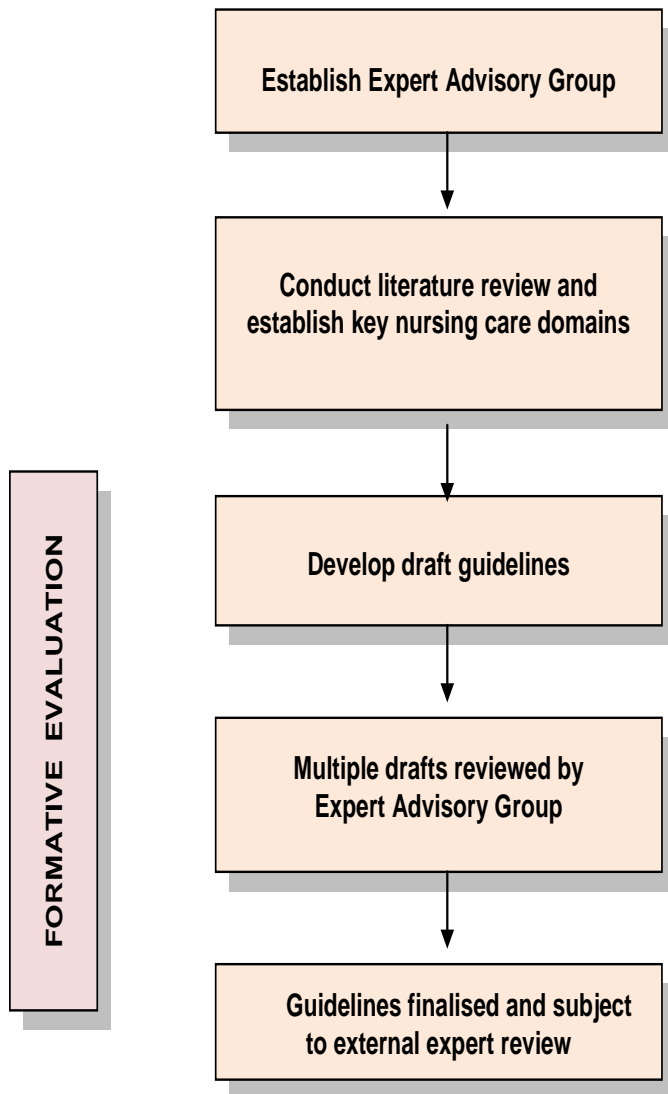
# Primary outcome

- Guidelines that are:
  - Fit for purpose
  - Clinically relevant
  - Comprehensibly evaluated in clinical settings
  - Subject to external review
  - Therefore, likely to be used in practice

# A Philosophical Framework to Guide the Care of Older People with Diabetes

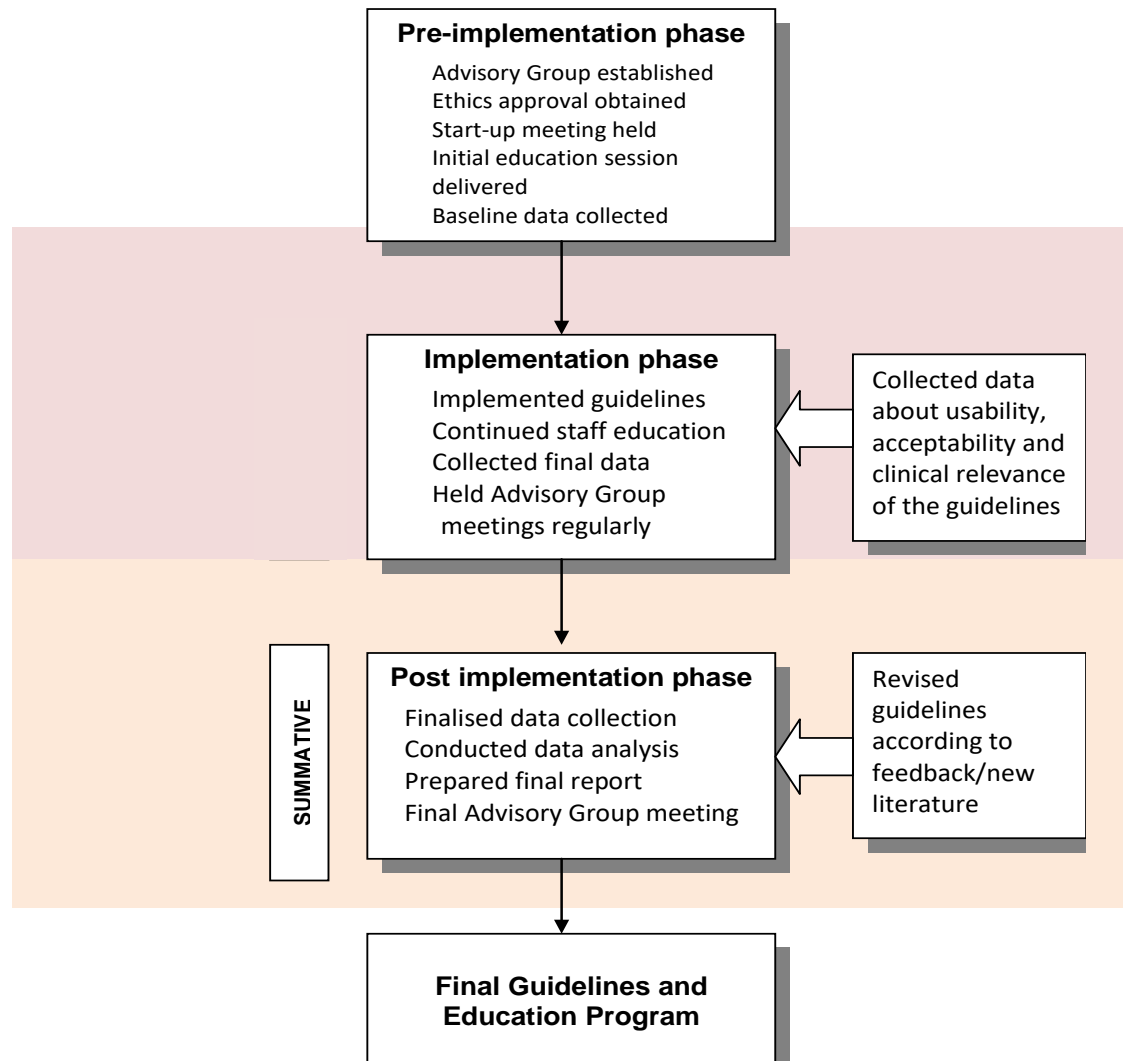


The Philosophical Framework was developed by a collaboration between the  
Centre for Nursing and Allied Health Research and the Institute of Diabetes for Older People (IDOP)



Overview of the process used to ***develop*** the McKellar Guidelines for Managing Diabetes in Residential and Other care settings.

We discussed content areas and key issues with older people with diabetes and their families as well as an Interdisciplinary Expert Advisory Group.

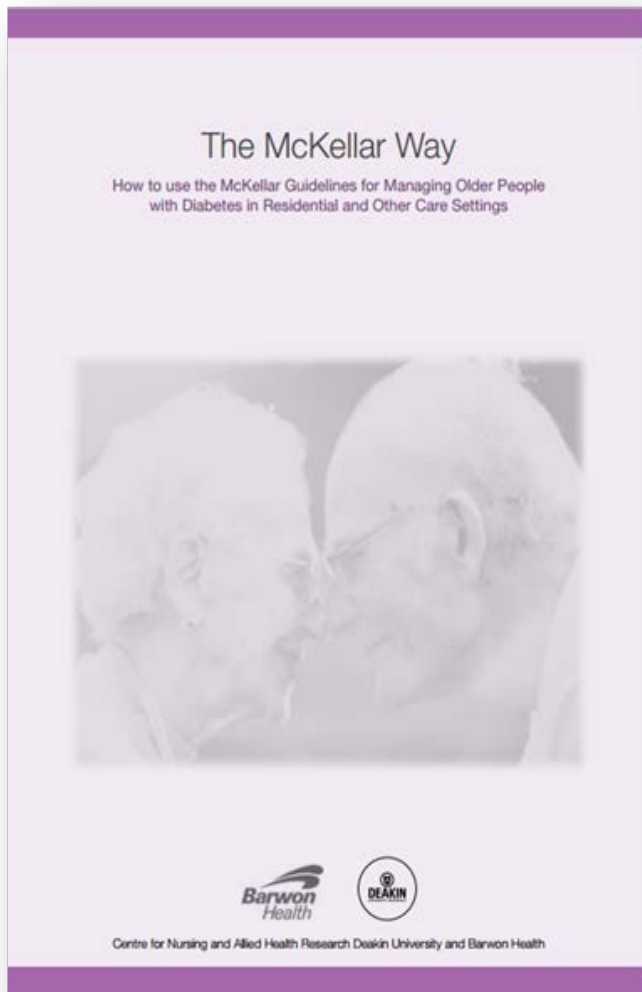


Overview of the process used to **implement and evaluate** the Guidelines in a large regional and four small rural RACFs.

# Key findings from the evaluation

- Staff ( n= 31) reported the Guidelines:
  - Improved their knowledge about diabetes and older people
  - Helped them plan care
  - Addressed common issues they encountered caring for older people with diabetes
  - Several assessed their own and families' diabetes risk
- In particular they liked:
  - The five RATs
  - Information about consulting with GPs
  - The colour, design and layout
  - Being involved in developing and evaluating the Guidelines
  - The fact older people and their families were consulted





Suggested we  
develop a 'how to  
use manual'

# Impact and outcomes

- Being implemented in various Australian and some international practice settings
- Awarded the Barwon Healthcare Innovation Award in 2013 and 2016.
- Became policy at Barwon Health in 2014
- Medical record audits undertaken before the Guidelines were implemented in 2014 and approximately nine months after implementation in 2015 show changes consistent Guideline recommendations in residents' care plans, including evidence that care is being personalised.
- McKellar Centre staff is required to attend annual professional development sessions that encompass the McKellar Guidelines.
- The risk assessment tools were translated into Norwegian in 2014.
- The Guidelines were cited in the Australian Government Australian National Diabetes Strategy 2016–2020 released on World diabetes Day, November 14<sup>th</sup> 2015.
- Several peer-review and invited papers and presentations e.g.
  - Australian Aged Care Better Practice Conferences 2014
  - Australian National Association for Diabetes Centres Best Practice Conference
  - IDF World Congress in 2015 - invitation from Springer to write a book.
- Clinical indicators were developed and are ready to be tested.

# Conclusions

- The processes used to develop and evaluate the Guidelines was based on relevant processes
- They were translated into practice and made a difference to care plans
- Engaging with key clinician stakeholder and older people with diabetes:
  - Relevant clinical issues to be included
  - Increased the likelihood they would be used in practice
  - Consensus expert opinion is valuable, especially when there is little 'evidence'

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## Acknowledge

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[http://www.adma.org.au/clearinghouse/doc\\_details/133-the-mckellar-guidelines-for-managing-older-people-with-diabetes-in-residential-and-other-care-settings\\_9dec2013.html](http://www.adma.org.au/clearinghouse/doc_details/133-the-mckellar-guidelines-for-managing-older-people-with-diabetes-in-residential-and-other-care-settings_9dec2013.html)