



FOR  
CAREGIVERS

## WHEN PATIENTS WITH DIABETES CAN NO LONGER TAKE CARE OF THEMSELVES

It's not easy watching a loved one with diabetes become sick. The best-case scenario is one where your loved one is monitoring his or her blood glucose levels and living a healthy life. But, as with any chronic condition, diabetes may get worse and cause health problems.

### Some sobering facts:

- Diabetes has been linked to kidney failure, nontraumatic lower-limb amputations, and blindness
- Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes, and the risk for stroke is 2 to 4 times higher among people with diabetes
- A total of 202,290 people with end-stage kidney disease due to diabetes are living on chronic dialysis or with a kidney transplant in the United States
- More than 60% of nontraumatic lower-limb amputations are performed annually in people with diabetes (180 per day)

### Diabetes complications that may get worse—and how you can help

You can help your loved one with diabetes. You can help him or her get through daily life with dignity, comfort, and ease. Here are some of the most common conditions that can progress to the point where a loved one can't do it alone—and how you can recognize and offer the help that really counts.

#### *If your loved one has had a heart attack or a stroke...*

The danger in patients with diabetes is that nerve damage can affect the ability of your loved one to recognize he or she is having a heart attack. It can be painless or “silent.”

**Warning signs of a stroke\***

- Weakness or numbness on one side of the body
- Sudden confusion or trouble understanding
- Trouble talking
- Dizziness, loss of balance, or trouble walking
- Trouble seeing out of one or both eyes
- Double vision
- Severe headache

**Warning signs of a heart attack\***

- Chest pain
- Discomfort in one or both arms, back, jaw, neck, or stomach
- Shortness of breath
- Sweating
- Indigestion, nausea, or vomiting
- Tiredness, fainting, or feeling light-headed

*If your loved one has a stroke or heart attack,* he or she will usually need some rehabilitation to help regain memory, language skills, walking, and/or counseling for mental problems. You may have to help with feeding and getting your loved one from room to room while he or she recuperates. You may have to drive your loved one to and from rehabilitation outpatient facilities.

***If your loved one has serious eye problems or blindness....***

Eye disorders caused by diabetes are associated with the retina, the part of the eye that records images the eye sees and then sends to the brain. These eye conditions are called diabetic retinopathy.

Diabetic retinopathy can worsen over time. The tiny blood vessels in the retina become so damaged that they close up. New blood vessels start growing in the retina, but they are weak and can leak blood, blocking vision. They can also cause scar tissue to grow, which, as it shrinks, can pull the retina out of place. There are treatments available for diabetic retinopathy, especially if it's diagnosed when vision is still normal.

Watch your loved one for any signs of weak vision and make sure he or she keeps her doctor appointments.

If your loved one becomes blind, you don't have to be the only pair of eyes for him or her. There are support groups for the blind. Ask your case manager for the Patient Support Assistance tool for the Web sites of organizations that can help.

***If your loved one has renal failure...***

Our kidneys act as filters, removing the waste from our blood. Diabetes can damage the kidneys so that they are unable to filter out waste.

\*If you or a loved one exhibits any of these symptoms, contact your health care professional immediately.

The high levels of blood sugar in people with diabetes can force the kidneys to filter too much blood. This extra work is hard on the kidneys' filters and, after many years, it's possible that they start to leak; useful protein is then lost in the urine. If detected early, there are treatments available to help keep kidney disease from worsening.

But if this condition continues without being treated, it can become very serious. Add the stress that the kidneys have from being overworked and the waste that starts to build up in the blood from poor filtering, and the kidneys will fail. This is called end-stage renal disease (ESRD).

If your loved one has kidney failure, he or she will need to have a kidney transplant or have the blood filtered by machine (dialysis).

**ESRD requires a lot of attention. You have to make sure your loved one gets to his or her dialysis appointments. You also need to make sure your loved one gets his or her name on an organ transplant list. Talk to your case manager for information and support about organ donations.**

*If your loved one has had an amputation....*

It's hard to imagine your loved one without a foot or a leg, but, unfortunately, people with diabetes are far more likely to have a foot or leg amputated than people without diabetes. Your loved one may have peripheral arterial disease (PAD), which reduces blood flow to the feet.

Poor circulation combined with loss of sensation, or neuropathy, can make it easy for your loved one to develop infections or foot ulcers from a scrape or cut without realizing it. If left untreated, the infection can grow and lead to amputation.

### **Peripheral Arterial Disease (PAD)**

PAD occurs when blood vessels in the legs are narrowed or blocked by fatty deposits, and blood flow to the feet and legs decreases. An estimated 1 out of every 3 people with diabetes over the age of 50 have this condition. However, many people with diabetes don't recognize the warning signs and don't realize they have PAD. The result? No treatment and the risk of complications.

Symptoms can include leg pain (particularly when walking or exercising, which disappears after a few minutes of rest), numbness, tingling, or feeling cold in the feet or lower legs, and sores or infections on the feet that heal too slowly.

If your loved one has suffered an amputation, you may need to help him or her walk and get in and out of a car. You may have to help your loved one learn how to use a wheelchair, cane, or artificial leg. Your case manager will be able to help you with recommendations, insights, and support. The *Patient Support Assistance* tool in this Case Manager Toolkit may also help.

**No, it is not easy to watch a loved one with diabetes become sick. But caring for him or her isn't something you have to do alone.**

**For additional resources, ask your case manager.**