



A guide to ageing with type 1 diabetes

breakthrough1d.org.uk



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Understanding type 1 diabetes in later life

Whether you've been living with T1D for many years or are newly diagnosed, as you grow older, your body and lifestyle may change. This can affect how you manage the condition. This might include changes in your insulin needs or new health concerns that require more attention. As we age, some people with type 1 diabetes may experience complications such as heart or kidney issues, or notice changes in memory or physical strength. With the right support and planning, many people find ways to manage these changes and maintain a good quality of life. Some people may experience complications, like heart or kidney issues, or notice changes in memory or physical strength, but with the right support and planning, you can continue to live well and safely.

It's important to know that T1D can be misunderstood, especially in older adults. Type 1 diabetes and type 2 diabetes are not the same, both require different approaches to care and treatments. Ensuring people understand the difference is essential for them providing you safe and effective support. If you ever feel your condition is being misrepresented, raise your concerns or ask someone you trust to advocate for you.



Managing blood glucose safely

Keeping your blood glucose in a safe range is still important, but the targets might need adjusting as you age. You may be more prone to low blood glucose (hypoglycaemia), which can lead to confusion, falls, or even hospital visits. High blood glucose (hyperglycaemia) can also be dangerous, especially if it leads to diabetic ketoacidosis (DKA). Continuous glucose monitors (CGMs) can help you track your levels and alert you to changes before they become serious. It's important to regularly review your insulin doses with your diabetes care team to ensure they're still right for you.

You have the right to ask to keep your current technology and continue self-managing your own treatment if you are still physically and mentally able. If you have any concerns about the decisions being made, please speak to one of the hospital or care staff. Make sure your care plan is shared and visible to staff and bring your own insulin and technology whenever possible.

Technology and tools

There are lots of treatment options to help you manage your T1D. CGMs, insulin pumps, hybrid closed loop systems and connected pens can make daily management easier and safer. These devices can help you maintain visibility of your glucose levels, reduce the risk of emergencies, and give peace of mind to you and your loved ones. If you're new to these technologies, there are videos and guides available to help you get started. If you're in a care setting, make sure staff understand how your devices work and how to support you in using them. You can also ask your diabetes team to help explain your routine to carers or nurses.



Scan the QR code to watch our video guides on T1D technology



Emotional and mental wellbeing

Managing T1D can be exhausting, and ageing adds new emotional challenges. You might feel anxious about your health, frustrated by changes in your routine, or worried about losing independence. Talking to others who understand what you're going through can make a big difference. It's also important to speak up about your needs with your healthcare team, they're there to help you, and your voice matters. If you feel dismissed or unheard, it's okay to ask for a second opinion or involve someone who can advocate for you.



Scan the QR to read more about emotional wellbeing



Women's health: menopause and T1D

If you're going through menopause, you might notice changes in your blood glucose levels. Hormonal shifts can make T1D harder to manage, and symptoms like hot flashes or sleep problems can affect your routine. CGMs and insulin pumps can help you track these changes and adjust your insulin as needed. Menopause is a common life experience, don't hesitate to ask for support or talk to your GP or diabetes team about treatment options like Hormone Replacement Therapy (HRT).



Scan the QR code to find our more about menopause and T1D



Regular checks

You should be offered a foot check at least once a year to assess circulation, nerve function, and skin health. This is important for preventing ulcers, infections, and other serious foot problems. If your last foot check showed no issues, it may be safely done every two years, however, always speak up if you notice changes. You should also have a diabetic eye screening to check for signs of retinopathy, a urine test for kidney function, and blood tests to monitor your HbA1c, cholesterol, and blood pressure. These checks are part of your routine NHS care, and you have the right to request them.

If you're unsure whether you've had all your checks, ask your GP or diabetes team to review your records and help you catch up. If you're concerned about changes in your memory, concentration, or decision-making, this may be a sign of your mind not working as well as before. You can speak to your GP about this and request a cognitive assessment to help understand what support might be helpful.



Planning for future care

At some point, you might need more help managing your T1D. Planning ahead can make that transition smoother. A diabetes care plan is a great way to make sure your needs are clearly understood by family, carers, and healthcare professionals. It can include things like your insulin routine, how you use your CGM, and what to do in an emergency. If you're going into hospital or moving into a care home, having a checklist of key information can help make sure your diabetes care continues without interruption. A T1D hospital and care home checklist template can be found at the end of this leaflet.

It's also helpful to include a printed copy of your care plan in your hospital bag or care home file, or take a photo of it on your phone so you have it with you. This ensures staff have immediate access to your routine and preferences, especially if you're unable to communicate them yourself. No matter which option is the best for you, wherever you are, you should be involved in your care and have access to a CGM if you want it.



When planning for future care, it's important to know that care options vary in cost. Some services, like district nursing, may be provided free through the NHS, if your needs are primarily health-based and you qualify. Other services such as home care, assisted living, or residential care homes often involve private costs. In some cases, costs may be partially covered by your local council, depending on your care needs and financial situation. A care needs assessment followed by a financial assessment will determine your eligibility for support. It's a good idea to speak with your GP, diabetes team, or a social care advisor to understand what care is available and what financial help you might be entitled to.

“Thinking about the future can be difficult but it is important that those close to you know about your wishes. Having discussions with your diabetes team, your loved ones and your carers about your wishes can help with planning for the future, and in selecting the right option for care that meets your priorities.”

- Jonathan Golding, Specialist Registrar in Diabetes and Endocrinology



Before making a decision about where you will receive your care, speak to carers, nurses or family about your type 1 diabetes. Carers should also know that type 1 diabetes is different from type 2 diabetes and requires specific knowledge and training.

Everyone's T1D is different. Discussing the timing of insulin, glucose targets, injection sites or use of CGMs will help them to better understand how you manage yours.



Support from families

If you have family helping you, or you're considering living with family, it's important they understand T1D. They may be able to support you with daily tasks like checking your glucose, giving insulin, and spotting signs of hypos or hypes. It's important to have good communication to make sure everyone understands what support is being asked for or offered.

Even if your family won't be involved directly in your day-to-day care, you may wish to include them in the decision-making process. It may be helpful for them to be involved in consultation meetings within care or hospital settings too.

District nursing

District nurses can visit you at home to help with tasks such as insulin administration, wound care, and monitoring your overall health. They often work closely with your GP and diabetes team and are especially helpful if you're recovering from illness or need temporary support. When district nurses are needed for insulin administration, sometimes your insulin will need to be changed to a different type. This is normally to reduce the number of times insulin needs to be given.

Relying on district nurses for insulin administration can be challenging and often requires you to be available at home for several hours a day to wait for the nurse to arrive. It can be difficult for nurses to time visits with meals, and as a result glucose levels can become more variable. Although timings can be challenging, support from District Nurses does allow you to stay in your own home, which might be your preference.

Home care services

Home care services can help you to look after yourself and your home so that you can stay independent for longer. They can support you with daily routines like checking blood glucose, preparing meals, giving insulin, and helping with mobility. This option allows you to stay in your own home while receiving tailored support from trained carers.

Residential care homes

Residential care homes offer 24-hour support in a community setting. They're suitable for people who need help with daily living but don't require intensive medical care. They have staff who can help with personal care such as washing, dressing, taking medication, and going to the toilet. They might also offer social activities and day trips for residents. It's important to check that staff are trained in T1D management and understand your insulin and technology needs. Check with the individual care homes to find out how they could best support you.



Sheltered housing/assisted living

Supported living arrangements that allow you to live independently with access to help when needed. This is accommodation that you can purchase or rent and provides additional levels of assistance, beyond just a place to live. This typically includes on-site staff, emergency call systems, and opportunities for social activities. It's designed to help older adults live independently while having access to help if needed. It is important to check with them what specific support they would be able to offer for T1D. Assisted living offers more support than sheltered housing but more independence than a care home. Unlike sheltered housing, assisted living is regulated by the Care Quality Commission (CQC).

Nursing homes

Nursing homes provide more complex medical care, including support for people with multiple health conditions. These offer personal care as well as qualified nurses on-site and can manage more advanced needs. The constant presence of nurses means that insulin can usually be given with each meal, which can help with glucose management. You should be able to eat what you want in a nursing home and should not feel your choices are restricted by trying to manage your glucose levels.



Follow this QR code for more information about your options for care



If you would like more information about these options and which one might be right for you, you can find more information at AGE UK Care and support for the elderly | Age UK



Where to get help

You don't have to manage everything alone. Your diabetes team and GP are there to help you. If you have been unable to make appointments with your diabetes team and have been discharged as a result you can ask your GP to re-refer you. There are also support groups, both in person and online, where you can connect with others living with T1D.



If you want to see what community support is available to you follow this QR code



For information, support, and more on how to get involved, visit: breakthrough1d.org.uk

For further information, please contact:
Breakthrough T1D, 28 Harbour Exchange Square, London, E14 9GE

Telephone: **020 7713 2030**

Email: info@breakthrough1d.org.uk



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T1D hospital and care home checklist

Pull out and fill in this checklist so that you have all your details to hand.

This checklist belongs to:

Full name

Known as



Personal Information

Date of Birth

Address

NHS number

Key contacts

GP

Diabetes specialist

Community diabetes nurse or support worker

Name of next of kin or someone who you trust to make health decisions on your behalf

Relationship to Me

Phone Number(s)

Email

Personal diabetes information

Typical daily insulin routine (types, doses, timing)

How you monitor your blood glucose (e.g. CGM, finger-prick tests, connected pens)

Usual glucose target range

History of severe hypos or DKA (if applicable)

Insulin & medication

Current insulin used

Delivery method (e.g. insulin pump, pen, syringe)

Any other medications (especially those affecting blood glucose)

Allergies or sensitivities to medications

Repeat prescription details

Technology use

CGM, insulin pump details (brand, model, settings)

- Insulin pump
- Continuous glucose monitor (CGM)
- Finger stick glucose meter
- Insulin pen devices

I want my diabetes technology to continue being used in the following situations (tick all that apply):

- During hospital stays
- During medical procedures (if safe and permitted)
- During periods of reduced consciousness
- End of life care

Situations where the technology SHOULD be stopped or adjusted:

Insulin & medication management

Important: Insulin must never be stopped in type 1 diabetes.

If I cannot eat or my intake is low:

- Continue basal insulin only
- Reduce basal insulin by:
- Other instructions:

Type of insulin used:

My usual insulin dose:

Insulin and basal rate in case of pump failure

Type of insulin used:

My usual insulin dose:

- I monitor my blood glucose levels myself
- I need help to monitor my blood glucose levels
- I can administer insulin on my own
- I need help to administer insulin

How to access and interpret your device data (e.g. mobile phone, handset)

Charging needs or supplies for devices

Whether you use a closed-loop system

How you measure ketones (e.g. blood ketone meter or urine strips) and when to check them – especially if glucose is high or during illness

Dietary needs

Carb counting approach or insulin-to-carb ratios

Specific dietary preferences or restrictions

Timing of meals and snacks in relation to insulin

Emergency protocols

Signs of hypo/hyperglycaemia and how you treat them

Preferred hypo treatments (e.g. glucose tablets, juice)

Emergency contacts (family, carers, diabetes team)

Hospital/care home notes

- Bring the insulin you have with you along with your devices
- Have a conversation about self-managing if you are able to
- Staff shouldn't change your insulin regime without consulting yourself & your diabetes team
- It might be useful for future care to share this with your GP, Diabetes Specialist Team and family so they are able to access this if needed.



To see training available
for healthcare professionals
follow this QR code



“An advance care plan is a way to stay in control of your Diabetes care, even in unexpected situations. Planning ahead isn't about expecting the worst, it's about helping your loved ones and healthcare teams know how to care for you in the way that's right for you, at a time when you may need extra support.” Nicole Green - Enhanced Diabetes Nurse and Mentor

For further information, please contact:

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Telephone: **020 7713 2030** Email: **info@breakthrough1d.org.uk**

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