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Editorial

# Diabetes and Frailty: Revisiting the Converging Conditions

Since 2016, the *Canadian Journal of Diabetes* has featured several original research papers and reviews on the topic of diabetes and frailty, all of which have increased our understanding of the complex relationship between diabetes and frailty (1,2). Without question, Canada is experiencing a shift in demographics toward an aging population, as well as an increase in the prevalence of type 2 diabetes, which disproportionately affects older adults. Furthermore, the increase in the aging population, combined with the unique metabolic needs of older adults with diabetes, has made the clinical management of diabetes increasingly difficult (2,3).

A growing body of evidence has highlighted the issues of multimorbidity (i.e. multiple chronic conditions), frailty, cognitive decline and functional decline, which contribute to the already complex and heterogeneous approach to managing diabetes in older adults (2). In addition, older adults are at high risk for polypharmacy, functional disabilities and common geriatric syndromes including cognitive impairment, depression, urinary incontinence, falls and persistent pain (2,4). However, older adults with diabetes represent a heterogeneous group with a spectrum ranging from healthy with diabetes, to frail with diabetes and multimorbidity, resulting in diabetes management priorities and treatment choices that often differ between complex and frail patients and younger patients (5).

In this issue, two original studies explore diabetes and frailty in both type 1 and type 2 diabetes.

In the first study, Adame Perez et al (6) completed a cross-sectional survey in adults with type 1 or 2 diabetes and kidney disease (stages 1 through 5) to compare differences in body composition, health-related quality of life, mental health and cognitive status with health service utilization. In a total of 41 participants aged 41 to 83 years, frailty occurred in 17% of participants (n = 7). Notably, the frail participants were found to have lower lean body mass, lower quality of life and greater use of health-care services (e.g. inpatient and emergency). Finally, the authors noted that despite the high prevalence of multimorbidity, the prevalence of frailty was relatively low.

The second study, a cohort study completed by Kirkwood et al (7), explored gait parameters of older women with and without type 2 diabetes. A total of 203 women (112 without diabetes, 91 with diabetes) were assessed for gait, velocity, cadence, step length, stance time and double-support time. The results showed that older women with diabetes and vulnerable status used more drugs and had higher body mass indexes than the groups without diabetes. Finally, gait decline in older women with diabetes was worsened by their frailty status.

In this issue, readers will be able to further delve into diabetes and frailty, with the understanding that diabetes and frailty is more than just a counting of health conditions, but rather a recognition that requires a shift from singular disease emphasis to more holistic patient care.

Diana Sherifali, RN, PhD, CDE
*McMaster University, Hamilton, Ontario, Canada*
*E-mail address:* dsherif@mcmaster.ca

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