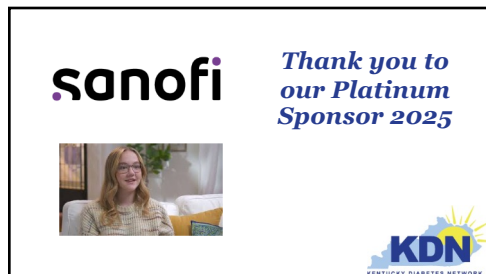




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Jameela Aladimi



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Diabetes Management in Patients with Disabilities

Jameela Aladimi, PharmD, CDCES
Clinical Pharmacy Specialist – UC Health



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Objectives

- Understand challenges of managing diabetes in patients with disabilities
- Explore strategies for different disability types
- Learn how to educate staff on effective care, especially insulin administration
- Promote patient-centered, accessible care practices

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Timothy Freeman Center for Developmental Disabilities

- Named in honor of Dr. Timothy Freeman and his service to individuals with intellectual and developmental disabilities
- Provides care for individuals 18 years and older
- Unique care model combines primary and behavioral healthcare in one setting
- Structural growth slated for 2025



Vision
Healthcare equity and access for adults with developmental disabilities

Mission
To advance healthcare for adults with developmental disabilities by providing person-centered, coordinated, and interdisciplinary care, educating health professionals and partnering with the community

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Clinical Pharmacist Role 

- Disease state management via collaborative practice (diabetes)
- Medication review and reconciliation with care provider(s) or caregiver(s)
- Medication access needs
- Drug information consults



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When injections aren't an option?

RB is a 27-year-old male with past medical history of autism spectrum disorder (non-verbal), developmental delay, intermittent explosive disorder, epilepsy, prediabetes, NASH, anxiety, OCD, sleep apnea and chronic constipation.

RB has been getting Rybelsus for (off label) for management of NASH and prediabetes. His mom (primary caregiver) states he will attack her if she tries to give him any kind of injectable medication. RB has a "never ending" appetite and needs snacks through the day to manage his behaviors.

Today, RB's glucose on labs shows hypernatremia and an elevated glucose of **353**. His A1c is now **13.1%**, which is increase from 7.2% upon last check.


Current Medication List

- Metformin 1000mg BID
- Moteigity 1mg daily
- Rybelsus 14mg daily
- Depakote 500mg BID
- Bupropion XL 300mg daily
- Clonazapine 10mg daily
- Propranolol 10mg BID
- Topiramate 200mg BID
- Risedrona 100mg daily

Height: 5'8"
Weight: 303lbs
BP: 123/63
HgbA1c: 13.1%

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Common disability types



Physical	Impairments affecting physical function or mobility	Amputations, spinal cord injuries, cerebral palsy
Sensory	Impairment related to vision, hearing or other senses	Blindness, deafness
Intellectual/Cognitive	Conditions affecting learning, memory or problem solving	Down syndrome
Developmental	Conditions present from birth or early childhood	Autism spectrum disorder (ASD), attention deficit/hyperactivity disorder (ADHD)
Mental Health/Psychiatric	Conditions affecting emotional or psychological well-being	Bipolar, anxiety disorders, schizophrenia

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Challenges: Diabetes and disabilities

and systemic barriers

- Barriers to accessing specialized care
- **Sensory sensitivities**
 - Difficulty with injections, tablets
 - Food intolerances
 - Glucose testing refusal
- **Physical limitations**
 - Limited dexterity for injections & testing
 - Reduced exercise capacity
- **Cognitive delays**
 - Difficulty remembering instruction
 - Harder to recognize & respond to symptoms
 - Reduced executive functioning



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Challenges: Diabetes and disabilities

- **Behaviors**
 - Oppositional behavior
 - Often seen with psychiatric conditions
- **Eating disorders**
 - Binge eating disorder
 - Rumination disorder
 - Avoidant/Restrictive food intake disorder
- **Communication barriers**
 - Non-verbal
 - Multiple staff/care providers may be involved
- **Caregiver dependency**
 - Reduced autonomy
 - Caregiver burnout/loss



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Where to start?

- Acknowledge diversity
 - Individualized approach
- Avoid stereotypes
- Emphasize support
 - Tailored education
 - Caregiver assistance
 - Simplified resources
- Use person-centered language
- Suggest collaboration



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Physical disabilities



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Physical disabilities and diabetes

- Mobility limitation
- Exercise barriers
- Access to care
- Wound care and complication
- Caregiver dependence
- Financial burden
- Mental health strain
- Social isolation



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Physical disabilities – Strategies

Adaptive devices	Continuous glucose monitors, easier to use pen needles (retractable), Auto-injector vs. multi-use pen, GLP1 agent, patch pumps
Adaptive exercise programs	Work with physical therapist, Aquatic therapy, chair-based exercises, customized movement plan
Telehealth services	Virtual appointments, leverage community programs or services for in-person visits
Simplify regimen	Limit insulin injections, testing frequency, Pill packaging service
Pressure relieving devices and daily inspections	Teach patients/aids to perform daily foot checks. Use specialized cushions, mattresses and orthotic footwear

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Sensory disabilities



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Sensory disabilities and diabetes

- Injection or self-testing limitations
- Exercise barriers
- Caregiver dependence
- Financial burden
- Mental health strain
- Social isolation



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Sensory disabilities – Strategies

Tactile and accessible tools	Talking glucose meters (podgy voice), braille or tactile marking (rubber bands or textured stickers) for test strips or pens, CGMs (Dexcom with haptic or vibration feedback)
Insulin administration aids	Clicks on pen as tactile feedback, Caregiver preload needle or prefill syringe, Insulin pumps with tactile interfaces.
Communication and support systems	Tactile Sign Language or Finger Spelling, Braille or Large-Print Materials, Caregiver Training.
Diet and exercise planning	Create predictable meal plans, guided exercise
Leverage technology	Smartphone apps with accessibility features (mySugr) that can be used with screen readers or haptics. Wearable alerts. Be My Eyes app for daily education

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Sensory disabilities – Strategies





Accessibility barriers
Caregiver oversight/assistance

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Intellectual disabilities and diabetes

- Cognitive and comprehension barriers
- Limited self-management skills
- Caregiver dependence
- Communication challenges
- Behavioral and emotional factors
- Physical and sensory comorbidities
- Access to tailored healthcare

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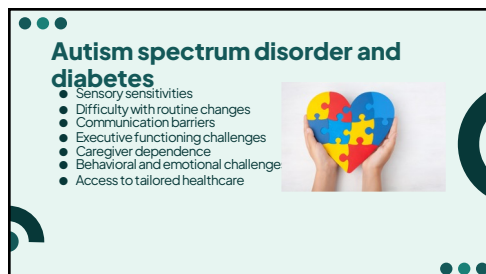
Intellectual disabilities - Strategies

Provide simplified education	Use visual aids, easy to read material, hands on demonstration
Simplify regimen	Reduce administration burden of injections/meds where possible
Address diet challenges	Address any coexisting eating disorders, connect with RD to develop realistic plan with caregiver
Caregiver training and support	DSME tailored to the caregiver with ongoing support and reinforcement
Adaptive tools	Talking glucometers or CGMs
Counseling & support for coexisting behaviors	Connect with behaviorist/psychiatrist for counseling and ongoing support

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Autism Spectrum Disorder – Strategies	
Sensory-friendly tools	Use less invasive devices and exploring what works best for the patient
Visual and structured support	Provide visual schedules, social stories, or apps to reinforce diabetes management in a predictable ASD-friendly way
Provide simplified education and regimen	Reduce administration burden, provide clear and concise education
Caregiver training and support	DSME tailored to the caregiver with ongoing support and reinforcement
Behavioral interventions	Incorporate behavioral therapies to reinforce positive diabetes management habits
Sensory-adapted environments	Creating calm, sensory-friendly medical settings to reduce anxiety during appointments

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Caregiver/staff education

KEY!




- 1) Use clear, accessible and individualized training materials
 - Simplify information
 - Tailor to disability needs
- 2) Provide hands-on, practical training
 - Demos and role playing
 - Supervised practice
- 3) Emphasize person centered care
 - Understand the individual
 - Promote autonomy

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Caregiver/staff education

KEY!



- 4) Address sensory and behavior needs
 - Recognize and accommodate
 - Teach staff to use positive reinforcement
- 5) Provide ongoing education and support
 - Regular training updates
 - Multidisciplinary collaboration
- 6) Focus on key diabetes management areas
 - Blood glucose monitoring, medication administration, nutrition and exercise and emergency preparedness
- 7) Evaluate and provide feedback

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When injections aren't an option?

RB is a 27-year-old male with past medical history of autism spectrum disorder (non-verbal), developmental delay, intermittent explosive disorder, epilepsy, prediabetes, NASH, anxiety, OCD, sleep apnea and chronic constipation.

Basal insulin teaching. Met with pts mom and patient. Pharmacist gave first injection. Mom able to practice on RB. Plan established to get RB receptive to receive shot on arm

Stopped Rybelsus. Switched to Trulicity. Plan established for nurse at day program to give weekly Trulicity

Phone follow-ups with pharmacist on weekly basis to adjust insulin & Trulicity. Mom got creative with low-carb diet substitutes, finding snacks RB enjoys without spiking glucose

Current Medication List

- Lantus 35 units daily
- Trulicity 3mg weekly
- Metformin 1000mg BID
- Moteigly 1mg daily
- Depakote 500mg BID
- Bupropion XL 300mg daily
- Clonazepam 10mg daily
- Propranolol 10mg BID
- Topiramate 200mg BID
- Rezdilfra 100mg daily

Height: 5'8"
Weight: 289 lbs
BP: 128/60
HgbA1c: 7.7% (last month)

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Written instructions for Staff

Patient
Date of birth: _____

To Whom It May Concern:

Please administer Trulicity on Wednesday 6/4/25 at 8:00 AM.

current dose of Trulicity will be increased to 2 mg once weekly starting 6/5/25. This injection will be given at any time of day. Please also administer insulin injection. Starting 6/5/25, insulin dose of 1 unit will be 30 units once daily to be given in the morning. The dose of Lantus is subject to change so we expect the dose of Lantus and Trulicity are medically necessary.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

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Patient centered plan – Success

A1c 14.3 \rightarrow 7.2

Weekly GLP1

Trained staff member administers Ozempic, did not do well with auto-injector. Dose titrated

Diet

Mountain dew and sodas removed from home. GLP-1 helped to reduce compulsive eating

Staff education

Program manager made staff aware to keep junk food inaccessible

Day program

Engaged in enjoyable activities at day program

Regular follow-up

Pharmacist phone calls every 2-3 weeks, meds adjusted accordingly

Strategic testing

Staff given clear instructions. Fasting and 2-3x per week at bedtime

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Patient centered plan – Success

A1c 10.8 \rightarrow 6.2

Weekly GLP1

Switched to Mounjaro and dose up titrated

Diet

Worked to get budget friendly healthy foods, diet with RD

CGM

Fought to get CGM covered, unable to test manually

Mental health support

Connected with therapist

Regular follow-up

Pharmacist phone calls every 2-3 weeks, meds adjusted accordingly

Community support

Connected with aquatic therapy through LADD

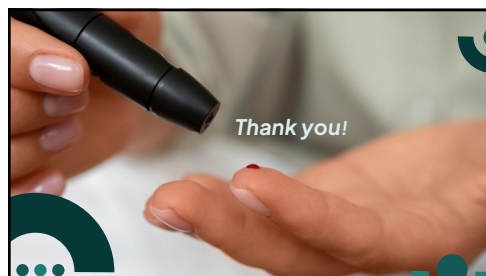
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Kentucky Diabetes Network 4 C's

Communicate

- Best practices
- Latest diabetes information

Coordinate


- Networking opportunities

Collaborate

- Healthcare teams
- Employers
- People with diabetes
- Public and private health plans
- Community coalitions

Connect

- Diabetes improvement tools
- Diabetes resources




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KDN
Account Name

Kentucky Diabetes Network
Profit & Loss
May 2025

	May 25	Jan - May 25
Ordinary Income/Expense		
Revenue	20.00	70.00
Expenses	20,775.00	20,775.00
Total Revenue	20,000.00	20,000.00
Expenses		
Advertising	1,000.00	4,270.00
Banking	0.00	100.00
Insurance	0.00	5,000.00
Office & Administration	0.00	250.00
Salaries	275.00	400.00
Total Expenses	275.00	400.00
Profit & Loss	0.00	15.00
Net Income	1,000.00	1,000.00
Total Expenses	1,000.00	1,000.00
Net Income	1,000.00	1,000.00




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11.00.000
KDN
Account Name

Kentucky Diabetes Network
Balance Sheet
As of May 31, 2025

	May 31, 25
Assets	
Cash	0.00
Accounts Receivable	0.00
Prepaid Expenses	0.00
Other Assets	0.00
Total Assets	0.00
Liabilities & Equity	
Accounts Payable	0.00
Other Liabilities	0.00
Total Liabilities	0.00
Equity	0.00
Total Liabilities & Equity	0.00




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KDN Coordination

KDPCP Update



- Diabetes Prevention and Management Efforts
 - DSMES and NDPP Offerings- Maps and Schedules <https://chfs.ky.gov/agencies/dph/dpqi/cdph/Pages/diabetes.asp>
- Ky Diabetes Collaborative- Implementing the State Diabetes Strategic Plan (2024-2028)
- New free CCHW Scope of Practice Training Available on TRAIN (1127379)
- Support during uncertain times





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HAPPY Retirement

Congratulations to Julie Staben, as she is retiring June 30! Thank you for your tremendous contributions to the diabetes program!

Julie is looking forward to more time spent traveling, visiting family, and working in her apothecary and garden with her husband.

Julie, we are wishing you a retirement that's filled with relaxation, accomplishment, and the freedom to pursue life's simple pleasures.


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KY Coordinating Body


- Actively seeking leadership positions for the 2026 year (consider volunteering).

ADCES 2025 CB Membership Recruitment Contest – the winning CBs will receive FREE ADCES26 registrations. Contact a KY CB member for more information.
NEW ADCES MEMBER DISCOUNT: **CBJOIN25**

- Connect with your Local Networking Group. Need volunteers for Bluegrass (Lexington area) Contact kellyr.dawes@ky.gov.
- SAVE THE DATES:**
- ADCES25: Aug 8 - 11 Phoenix or On-Demand Aug 8- Dec 29. Register before June 26 for best rates!
- KY CB Pre-recorded Webinar: Oct 7th 5:30 pm-7:30 pm EST. Topic to be announced. Free CEU's.
- All events information on ADCES Connect or contact Kelly at kellyr.dawes@ky.gov.



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American Diabetes Association
Connected for Life

Regional Advocacy Councils (RACs)

The Regional Advocacy Councils (RACs) are region-based volunteer groups of Diabetes Advocates representing all parts of the diabetes community – people with/at risk for diabetes, parents/family members, health care professionals, etc.

RACs convene virtually on a quarterly basis to receive important updates and information about high-impact advocacy opportunities.

When we need powerful voices, RACs are considered our first responders. RAC members are first to be invited to speak with lawmakers, join virtual events, talk with the media about diabetes priorities and, more.



www.diabetes.org/advocacy/regional-advocacy-councils

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**Breakthrough T1D™
Indiana & Kentucky**

Breakthrough T1D Supported Research Update
Scientists shared some exciting results from an ongoing early-stage clinical trial. They are testing a device called the Cell Pouch™, which is implanted under the skin and filled with insulin-producing cells from donors. So far, the treatment is showing good results. People with T1D who received the Cell Pouch™ are needing less or no insulin, have better blood sugar control, can better sense low blood sugar levels and say their quality of life has improved.

Save the Date! Breakthrough T1D Louisville Walk
Saturday, October 25th at Gallatin Farms.

Free resources for you or your loved ones with T1D!
Download the Breakthrough T1D app, a free resource for you or your loved ones with T1D. It includes information about the Cell Pouch™, the Breakthrough T1D app, and more. Scan the QR code to download the app.

Breakthrough T1D New York Fall 2024
Breakthrough T1D is looking for new members. If you are interested in joining the Breakthrough T1D New York Fall 2024, please scan the QR code to learn more.


Breakthrough T1D Adult Fall 2024
Breakthrough T1D is looking for new members. If you are interested in joining the Breakthrough T1D Adult Fall 2024, please scan the QR code to learn more.

No matter where you are or how you prefer to learn, information, resources and tools to help you live with diabetes are available. Scan the QR code to learn more.

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Announcements

Please type anything you would like to announce in the Chat box. Select "Everyone" so that all participants can see. Someone will also be monitoring the chat box and will be able to highlight details.



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**Grab Your Lunch and
Meet Back at 12:30**



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2025

- 1 Summer Camp Session 1
- 1 Summer Camp Session 2
- 1 Fall Day Camp
- 1 Fall Family Camp
- 1 BAB Camp



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***Action Team
Breakout “Strategic
Plan Goals” and
Report Out***



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**Thank you for joining us for our
quarterly meeting!**

If you need anything following this meeting, please
email kentuckydiabetes@gmail.com for help.

See you all in September for our In-Person
Meeting!



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