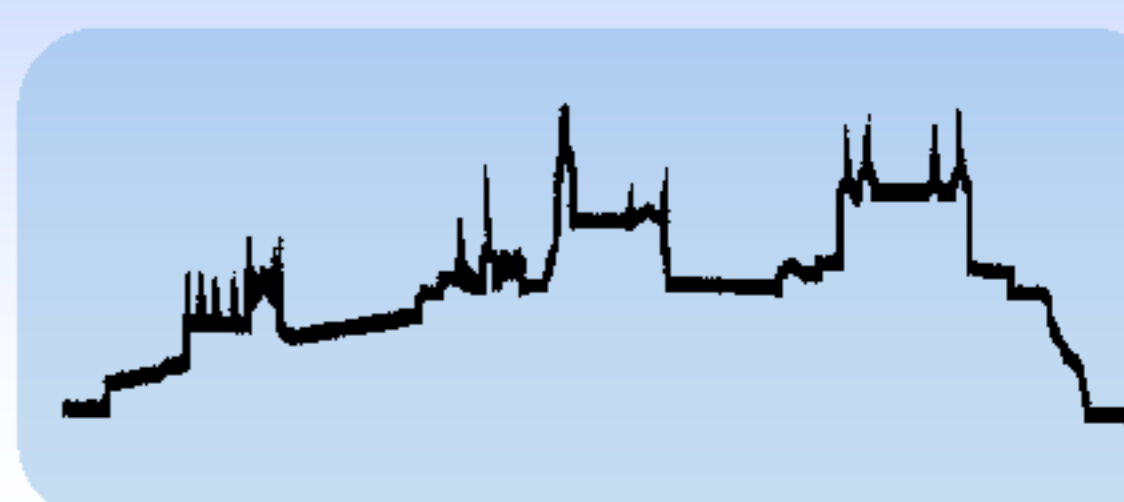


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Background and Objective

Optimal glucose management in older people is currently unclear. Recent guidelines recommend avoiding tight glycemic targets in elderly patients with comorbidities because intensive control is unlikely to achieve benefit and they are at higher risk of hypoglycaemia.

OBJECTIVE: To estimate the prevalence of potential overtreatment in older adults with diabetes mellitus and comorbidities.

Design and Methods

DESIGN: Cross sectional study.

The study included 293 type 1 and type 2 diabetic patients that were monitored from 2004 to 2014. At the end of follow-up, 166 (56.7% of final cohort) patients were older than 70 years. Data about treatment, glycemic control, and comorbidities were collected from clinical records of these patients.

Statistical Analysis was performed with SPSS statistics, version 21.

Results

• Table 1 shows characteristics of the patients older than 70 years compared with whole study population at 2014.

• Table 2 shows differences between patients older than 70 years with HbA1c < 7% and HbA1c > 7%.

• Figure 1 shows anti-diabetic treatment in patients older than 70 years with HbA1c < 7%

• Among patients with macrovascular disease, eGFR < 60 or both, 21 (61%) were treated with intensified insulin regime. Only one patient received secretagogues.

TABLE 1

	Patients older than 70 years at 2014	Whole study population at 2014
N	166	293
Diabetes Type 2 / Type 1 (%)	(95.2%) / (4.8%)	(80.2%) / (19.8%)
Mean Diabetes duration (years)	26.6	25.1
Mean age (years)	79.3	69.3
Male/female (%)	(31.7%)/ (69.3%)	(40.6%)/ (59.4%)

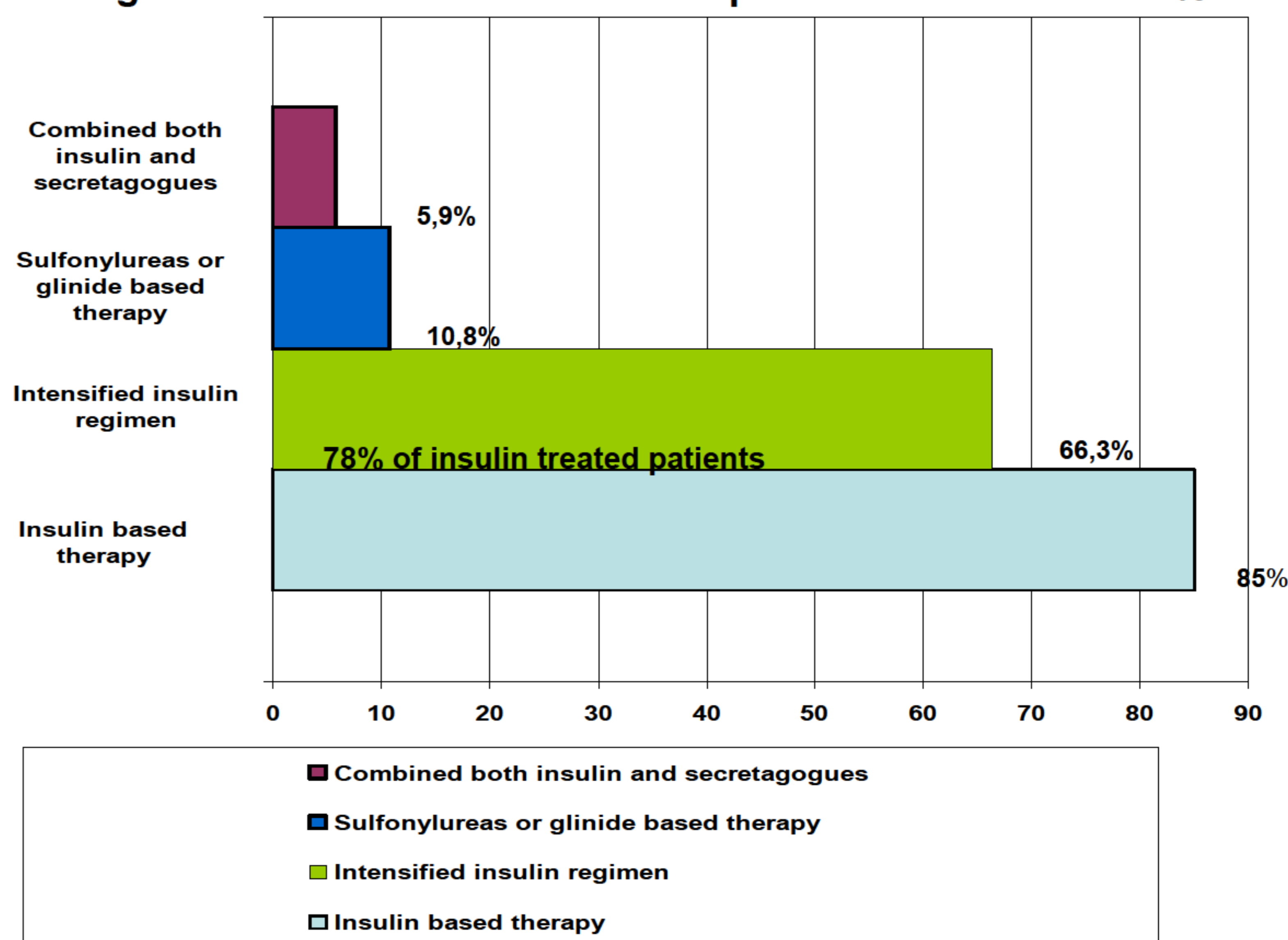
TABLE 2

	Patients with HbA1c < 7%	Patients with HbA1c > 7%
N (%)	68 (42.5%)	78 (58.5%)
Mean age (years)	80.2 *	78.4
Mean Diabetes duration (years)	25.5	27.6
Male/female (%)	(29.4%)/ (70.6%)	(32.6%)/ (67.4%)
Macrovascular disease, eGFR < 60 or both.	47%	46.9%

• * P < 0,05 ;

• eGFR < 60 : estimated glomerular filtration rate less than 60 mL/min/1.73 m2

Figure 1 Anti-diabetic treatment in patients with HbA1c < 7%



Conclusions

• Our results indicate that nearly half of our elderly patients had a strict glycemic control and the majority of them are being treated with intensified insulin regime, secretagogues or combination of both and therefore are potentially being overtreated.

• In all, more than half of these elderly patients with strict glycemic control and comorbidities are being treated with intensified insulin regimes or secretagogues, putting them at risk of adverse hypoglycemic events.

