

Older adults with diabetes live long enough to benefit from interventions

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Middle-aged and older adults with diabetes showed substantial survival rates in a new University of Michigan Health System study of retirees.

Survival rates were strong even for adults living in nursing homes or who have multiple health issues like dementia and disabilities that make self-managed care for diabetes difficult.

The findings were published in the [Journal of Gerontology](#) and revealed even older adults may benefit from interventions that can prevent or delay the complications of diabetes, which include poor vision, nerve damage, heart disease and [kidney failure](#).

"We went into this thinking that people in the limited health group would have substantial mortality but with the exception of patients over age 76 with the poorest health status, all showed strong survival rates," says lead study author Christine T. Cigolle, M.D., M.P.H., an assistant professor of family medicine and internal medicine at the U-M Medical School and research scientist at the VA.

There is no cure for diabetes, but those with [type 2 diabetes](#) can prevent complications through regimens that may involve multiple medications and changes in diet and physical activity.

Cigolle, who is also a research assistant professor at the U-M Institute of Gerontology, notes that the success of these interventions depends on the patient's ability to self-manage their diabetes and on surviving long

enough to experience benefits of treatment.

The study found that while adults in the older age groups were more likely to have difficulty managing the disease and to have poor health status, middle-aged adults constituted the largest number of diabetes patients to have self-management difficulties.

Blindness, [cognitive impairment](#) and having multiple diseases requiring multiple medications were among issues that complicated their ability to manage their diabetes.

The finding that medically complex patients survive to five years also supports inclusion of older patients in clinical trials to determine whether their outcomes replicate those of younger, healthier [diabetes](#) patients.

"A struggle in geriatrics has been what interventions are appropriate for older adults," says the study senior author Caroline S. Blaum, M.D., M.S., professor of internal medicine and geriatrics at the U-M Health System.

"The fact that this group is showing substantial survival means they may well be candidates for continued aggressive care."

More information: *Journal of Gerontology*, A Biol Sci Med Sci; 10.1093/Gerona/gls095

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