

Predictors of higher diabetes health care costs identified

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The average five-year cost of caring for patients with diabetes is higher for those with abnormal kidney function, suboptimal glycemic control, and presence of proteinuria, according to research published online Dec. 13 in *Diabetes Care*.

(HealthDay)—The average five-year cost of caring for patients with diabetes is higher for those with abnormal kidney function, suboptimal glycemic control, and presence of proteinuria, according to research published online Dec. 13 in *Diabetes Care*.

Kerry A. McBrien, M.D., M.P.H., of the University of Calgary in Canada, and colleagues estimated the five-year costs of caring for people with diabetes, including physician visits, hospitalizations, ambulatory care, and drug costs for 138,662 adults with diabetes.

The researchers found that the average five-year cost per patient, excluding drug costs, was \$26,978 in Canadian dollars. For people over the age of 65 years, the average five-year cost per patient, including drugs, was \$44,511 in Canadian dollars. These costs increased as a

patient's kidney function declined, if proteinuria was present, or if glycemic control was suboptimal (defined as [HbA1c levels](#) above 7.9 percent). The costs also were higher for older people, Aboriginal people, those with lower socioeconomic status or [comorbid conditions](#), and those who had diabetes for a longer period of time.

"We have generated updated values for the five-year cost of caring for patients with diabetes in a universal health care system, which will aid decision makers in planning future resource allocation," the authors write. "After controlling for clinical and demographic factors, we found that the cost of caring for people with diabetes increased with suboptimal glycemic control, proteinuria, and worsening [kidney function](#)."

More information: [Abstract](#)
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