Barrier assessment improves care for elderly with diabetes

March 19 2013

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(HealthDay)—For older adults with diabetes, an active intervention involving assessment of barriers to self-care and development of strategies to cope with these barriers is superior to usual care, according to research published in the March issue of *Diabetes Care*.

Medha N. Munshi, M.D., of the Joslin Diabetes Center in Boston, and colleagues conducted a randomized, controlled study involving 100 subjects, aged 69 years or older, with poorly controlled diabetes who received either an active intervention from a geriatric diabetes team who assessed patient barriers and developed strategies to help patients cope, or standard care with equal amounts of attention time. The active intervention was implemented for the first six months.

After the active period, the researchers found that the decrease in hemoglobin A1c (HbA1c) levels was −0.45 percent in the intervention group and −0.31 percent for control patients. After one year, HbA1c levels had declined a further −0.21 percent versus 0 percent for intervention and control patients, respectively (linear mixed model, P = 0.03). Compared with the control group, patients in the intervention group also exhibited improvements in self-care, gait and balance, and endurance compared with control patients. Both groups had improvements in diabetes-related distress.

"Only attention between clinic visits lowers diabetes-related distress in older adults," the authors write. "However, communication with an educator cognizant of patients' barriers improves glycemic control and self-care frequency, maintains functionality, and lowers distress in this population."

More information: Abstract
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Citation: Barrier assessment improves care for elderly with diabetes (2013, March 19) retrieved 30 April 2024 from https://medicalxpress.com/news/2013-03-barrier-elderly-diabetes.html