

Cardiovascular complications, hypoglycemia common in older patients with diabetes

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Cardiovascular complications and hypoglycemia (low blood sugar) were common nonfatal complications in adults 60 years of age and older with diabetes, according to a study published by *JAMA Internal Medicine*.

Nearly half of the 24 million patients with [diabetes](#) mellitus in the United States are older than 60 years and that number is expected to double in the next two decades, according to the study background. Research suggests advancing age and the duration of time a patient has diabetes can predict complication and mortality rates from the disease.

Elbert S. Huang, M.D., M.P.H., of the University of Chicago, and colleagues compared rates of [diabetes complications](#) and mortality across categories of age and how long a patient had diabetes. The study included 72,310 adults who were 60 years and older, had type 2 diabetes and were enrolled in Kaiser Permanente, a large health care delivery system.

Study findings indicate that among [older adults](#) who had diabetes for a shorter duration (9 years or less), nonfatal cardiovascular complications had the highest incidence ([coronary artery disease](#), congestive heart failure, and cerebrovascular disease), followed by diabetic eye disease and acute hypoglycemic events. The incidence of nonfatal complications in older patients with diabetes for a longer duration (10 years or more) was similar, with rates for hypoglycemia similar to those of coronary artery disease and cerebrovascular disease.

The results also indicate that [older patients](#) in any age group had higher incidence of all outcomes (nonfatal complications and death) if they had diabetes for a longer, compared with shorter, duration of time.

"This four-year cohort study describes the clinical course of diabetes in older adults. These findings will be relevant and informative for clinicians, researchers and policymakers. ... More important, the data from this study may inform the design and scope of public policy interventions that meet the unique needs of elderly patients with the disease," the authors conclude.

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