

One-size-fits-all approach can lead to over-treatment in older diabetes patients

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Credit: Darren Lewis/public domain

Diabetes treatments have saved many lives, but in older patients with multiple medical conditions, aggressively controlling blood sugar with insulin and sulfonylurea drugs, could lead to over-treatment and hypoglycemia (low blood sugar), according to new research by Yale School of Medicine researchers.

Published in the Jan. 12 issue of *JAMA Internal Medicine*, the study found that many older [diabetes patients](#) received aggressive treatment

for their disease regardless of their health status and blood sugar levels. In patients with diabetes age 65 and older, this could result in hypoglycemia ([low blood sugar](#)), a serious health threat, which can lead to confusion, coma, and even death.

"We treat diabetes to prevent complications of the disease by lowering [blood sugar levels](#), but the problem with aggressively lowering blood sugars in older people—to a hemoglobin A1c below 7%—is that it is uncertain whether this approach provides a benefit, and it could, in fact, cause greater harm," said lead author Kasia Lipska, M.D., assistant professor of internal medicine at Yale School of Medicine. "Our study suggests that we have a one-size-fits-all approach despite questionable benefits and known risks. We have been potentially over-treating a substantial proportion of the population."

Lipska and her colleagues conducted a cross-sectional study that analyzed the health records of 1,288 patients age 65 and older with diabetes from the National Health and Nutrition Examination Survey (NHANES). The team analyzed glycemic control levels recorded in NHANES between 2000 and 2010.

Patients were divided into three groups based on their health status: very complex/poor, complex/intermediate, and relatively healthy. Blood sugar was considered controlled if it fell below 7%. About 62% of the patients had [blood sugar](#) levels less than 7% and this did not differ across health status. Of those patients, 55% were treated with either insulin or sulfonylureas medications.

"We should use an individualized therapy approach when treating older diabetes patients," said Lipska. "Older patients who are relatively healthy may benefit if they are treated in a similar way to younger diabetes patients, but this approach might not work in [older patients](#) who often have other health issues."

More information: *JAMA Internal Medicine*, Published online January 12, 2015. [archinte.jamanetwork.com/artic ... ainternmed.2014.7345](http://archinte.jamanetwork.com/artic...ainternmed.2014.7345)

Provided by Yale University

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