

Treating diabetes in older adults requires simpler medication regimens, looser glycemic targets

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Simplifying medication regimens and tailoring glycemic targets in older adults with diabetes improves adherence and avoids treatment-related complications, according to a Clinical Practice Guideline issued today by the Endocrine Society. The Society debuted the guideline during a press conference on the opening day of ENDO 2019, its annual meeting in New Orleans, La.

The guideline, titled "Treatment of Diabetes in Older Adults: An Endocrine Society Clinical Practice Guideline," was published online and will appear in the May 2019 print issue of *The Journal of Clinical Endocrinology & Metabolism (JCEM)*, a publication of the Endocrine Society. The guideline focuses on treatment strategies that take into consideration the [overall health](#) and quality of life of older adults with diabetes, defined as age 65 or older.

Aging plays a major role in the development of diabetes, which currently affects an [estimated 33 percent](#) of older adults in the U.S. Older adults with diabetes often have one or more co-existing conditions such as [cognitive impairment](#), cardiovascular disease, impaired vision, and rheumatoid arthritis, which affect diabetes self-management.

"The guideline encourages clinicians to consider available evidence and a patient's overall health, likelihood to benefit from interventions and personal values when considering treatment goals such as glucose, blood

pressure, and cholesterol," said Derek LeRoith, M.D., Ph.D., of Mount Sinai School of Medicine in New York, N.Y. LeRoith chaired the writing committee that developed the guideline. "Our framework prioritizes blood glucose targets over the hemoglobin A1c test when managing diabetes in older adults."

Recommendations from the guideline include:

- Simplifying medication regimens and tailoring glycemic targets in older adults with diabetes and cognitive impairment (e.g. dementia) to improve compliance and prevent treatment-related complications
- Designing outpatient diabetes regimens specifically to minimize hypoglycemia
- Targeting [blood pressure](#) levels of 140/90 mmHg to decrease the risk of [cardiovascular disease](#) outcomes, stroke, and progressive chronic kidney disease in older adults with diabetes aged 65 to 85 years
- Using an annual lipid profile to reduce the amount of "bad cholesterol" in the blood
- Administering annual comprehensive eye exams to detect retinal disease
- Establishing clear blood sugar targets for [older adults](#) with diabetes in hospitals or nursing homes at 100-140 mg/dL (5.55-7.77 mmol/L) fasting and 140-180 mg/dL (7.77-10 mmol/L) after meals while avoiding hypoglycemia

Provided by The Endocrine Society

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