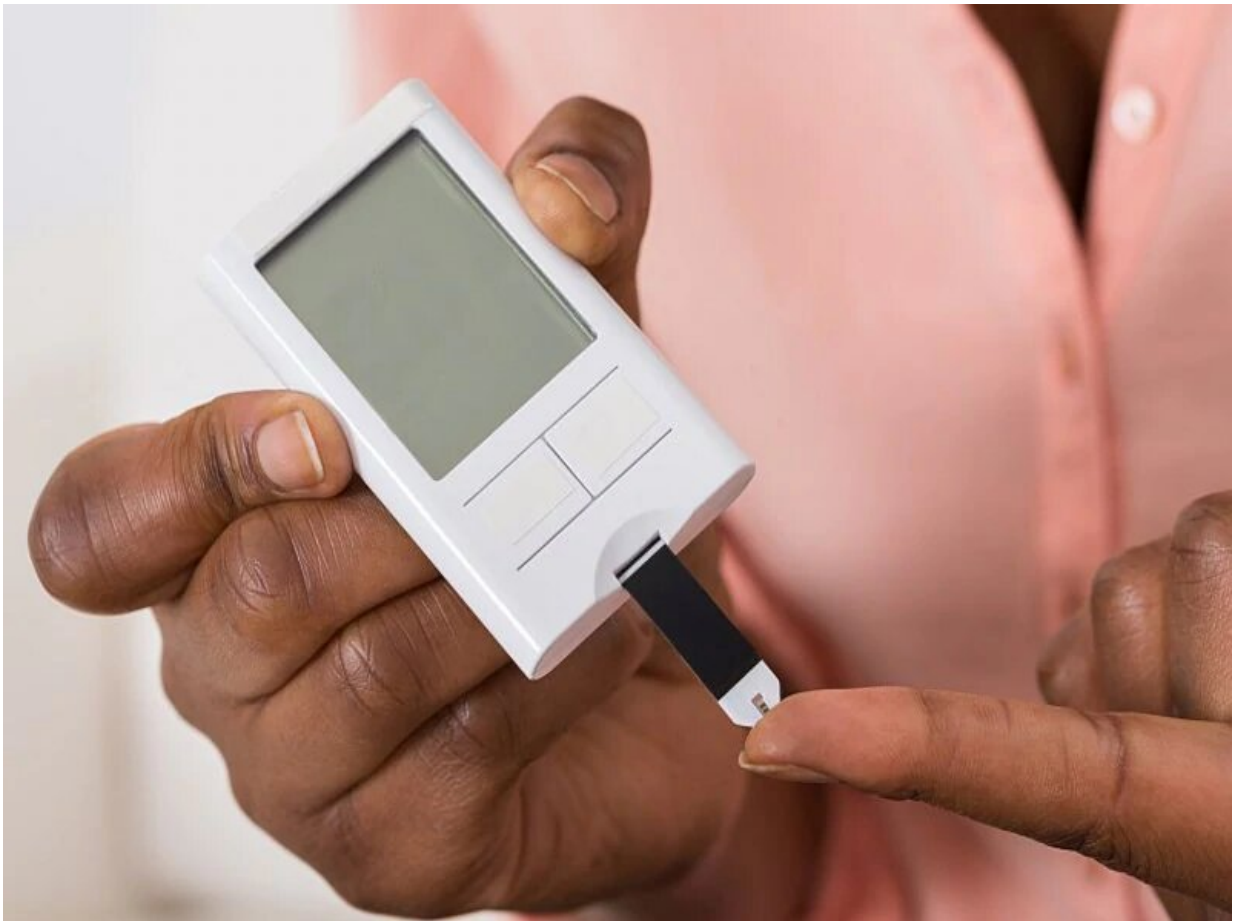


# Study explores factors affecting glycemic control in T1DM

January 6 2020

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(HealthDay)—Patients with type 1 diabetes with optimal and suboptimal

glycemic control differ with respect to clinical and health care utilization factors, according to a study published online Dec. 2 in *Diabetes, Obesity and Metabolism*.

Jeremy H. Pettus, M.D., from the School of Medicine at the University of California in San Diego, and colleagues used electronic health record data from real-world clinical practice (Optum Humedica database; July 2014 to June 2016) to assess demographics, clinical characteristics, and disease burden for adults with type 1 diabetes in the United States in the first 24 months after their diagnosis compared with the 12 months before the index date.

The researchers found that of 31,430 adults with type 1 diabetes, 79.9 percent had suboptimal glycemic control (mean glycated hemoglobin, 8.8 percent). Patients with suboptimal glycemic control were more likely to be younger, African-American, uninsured or on Medicaid, obese, or smokers and were more likely to have uncontrolled hypertension or depression. Yet, despite worse glycemic control and increased [cardiovascular disease risk factors](#) (e.g., uncontrolled hypertension, obesity, and smoking), rates of coronary heart disease and stroke were not higher in these patients. Patients with suboptimal glycemic control also experienced more diabetes complications (including [diabetic ketoacidosis](#), severe hypoglycemia, and microvascular disease) and utilized more [health care services](#) (emergency department visits and inpatient stays).

"This real-world study of >30,000 adults with type 1 diabetes showed that individuals with suboptimal versus optimal glycemic control differed significantly in terms of health care coverage, comorbidities, [diabetes](#)-related complications, health care utilization, and cardiovascular risk factors," the authors write.

**More information:** [Abstract/Full Text](#)

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