

# Housing instability linked with poor diabetes control, suggests study

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Moving once a year or more is linked with poor glycaemic (blood sugar) control in people with type 2 diabetes, according to a cross-sectional study examining the relationship between housing insecurity and

diabetes control in over 25,000 patients from Northern California, being presented at the Annual Meeting of the European Association for the Study of Diabetes (EASD), held online this year.

"Our findings suggest that [housing insecurity](#) may be a risk factor for poor blood sugar control. People with [diabetes](#) who may have trouble paying rent, move frequently, stay with relatives, or spend the majority of household income on housing, may struggle with routine, medication adherence, and prioritising their diabetes management," explains Dr. Tainayah Thomas from Kaiser Permanente Northern California Division of Research, Oakland, U.S., who led the research.

Poor glycaemic control can cause damage to various organs and lead to disabling and life-threatening complications such as cardiovascular disease, chronic kidney disease, and retinopathy (the most common cause of irreversible blindness in adults). In 2017, US\$727 billion was spent globally to treat and prevent diabetes and its related complications.

Previous studies in homeless populations have identified unique barriers to glycaemic control such as difficulty prioritising long-term diabetes management over need to find shelter, lack of safe places to store medication, and a lack of routine. In 2017, over 4.5 million households in the U.S. reported that they were unable to pay all or part of their rent or mortgage. However, little research has examined the relationship between housing insecurity and glycaemic control.

To provide more evidence, researchers analysed the [electronic health records](#) of 25,614 adults (average age 62 years; 50% women) with type 2 diabetes who were East Bay members of Kaiser Permanente Northern California (a large, integrated health system) over a 1-year period. The patients were 21% Hispanic, 22% white, 23% Asian, and 30% black. In total, 1,569 (6%) of participants had at least one address change in 2018 and were considered potentially housing insecure.

Even after accounting for potentially influential factors including race/ethnicity, gender, and age, the analysis found that at least one address change was associated with a 14% higher relative risk of poor controlled blood sugar (HbA1c >9), and a 6% lower risk of well-controlled [blood sugar](#) (HbA1c

In addition, one or more address changes were associated with 44% higher likelihood of an emergency department visit, and 8% reduced likelihood of having a flu shot (vaccination), compared to no address change.

"Housing instability could potentially negatively affect glycaemic control, increase use of emergency services and decrease use of preventive services in people with type 2 diabetes," says Dr. Thomas. "Identifying individuals with housing insecurity issues and providing resources aimed at assuring continuity of care and healthcare access could help mitigate the risk of poor [diabetes control](#)."

The authors point out that although their study was large, it was observational, so no conclusions can be drawn about direct cause and effect. They add that future research and community outreach efforts should continue to explore how to mitigate potential impacts of [housing](#) insecurity on chronic disease management.

Provided by Diabetologia

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