

Study says doctors should discuss hypoglycemia more often with patients who have diabetes

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Johns Hopkins Medicine researchers recently found that although primary care physicians should discuss the problems of hypoglycemia, or low blood sugar, during each visit with patients who have diabetes and take high-risk medications such as insulin, the topic was only talked

about in a quarter of those visits.

Hypoglycemia is the most common serious side effect caused by diabetes treatment. Severe hypoglycemic episodes can lead to negative consequences, including falls and emergency department visits, and may increase the risk for stroke and death. [In a 2018 survey of 20,188 adults with diabetes](#), 12% reported experiencing severe hypoglycemia within the previous year.

"For patients to have safe diabetes treatment, there needs to be open communication between them and their healthcare provider about medication side effects, especially hypoglycemia," says [Scott Pilla, M.D., M.H.S.](#), assistant professor of medicine at the Johns Hopkins University School of Medicine. "For example, we found in our study that clinicians almost never counseled against driving a car if a patient thinks his or her blood sugar is low or may become low. This is an important discussion to have because [low blood sugar](#) could cause a person to think unclearly and have an accident."

Pilla and his research team's findings were published Jan. 21, 2021, in the *Journal of General Internal Medicine*.

Most outpatient diabetes treatment in the United States occurs in primary care offices, so doctor visits with patients who have diabetes offer a critical opportunity to promote hypoglycemia prevention. To find ways of improving hypoglycemia communication during doctor visits, Pilla and his team sought to define the frequency and content of assessments and counseling provided in the primary care setting related to hypoglycemia.

To do this, the researchers examined 83 primary care visits from one urban health practice, representing eight clinicians seeing 33 patients with diabetes who used insulin or sulfonylureas such as glipizide and

glyburide. Audio during the visits was recorded as part of the Achieving Blood Pressure Control Together study, a randomized trial of behavioral interventions for high blood pressure.

Communication between the clinician and patient about hypoglycemia occurred in 24% of visits, while communication about hypoglycemia prevention took place in 21%. Despite patients voicing fear of hypoglycemia, clinicians rarely assessed hypoglycemia frequency, its severity or the impact it may have on the patient's quality of life.

While office visits are sometimes complicated and often focus on a variety of topics, Pilla says the study findings should encourage primary care clinicians to make hypoglycemia assessment counseling a priority for patients taking high-risk diabetes medications. He says that a system to routinely assess for hypoglycemia in primary care visits is currently lacking and he believes that his team's research shows the need for one.

Pilla also suggests that patients speak up about low blood sugar during medical visits. "Primary care clinicians should work together with patients to figure out how to best prevent low blood sugar episodes and choose the safest diabetes treatment," he says.

Pilla says he ultimately hopes to examine communications about hypoglycemia on a larger scale. With more data, he explains, researchers can better understand how to make such discussions more effective and productive, which could lead to improved safety for [diabetes](#) treatment in primary care.

More information: Scott J. Pilla et al. Hypoglycemia Communication in Primary Care Visits for Patients with Diabetes, *Journal of General Internal Medicine* (2021). [DOI: 10.1007/s11606-020-06385-x](https://doi.org/10.1007/s11606-020-06385-x)

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