

Avoid intensification of diabetes meds at discharge in older adults

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(HealthDay)—For older adults with diabetes hospitalized for common

medical conditions, discharge with intensified diabetes medications increases short-term risk for severe hypoglycemia but does not reduce severe hyperglycemia events or hemoglobin A1c (HbA1c) levels within one year, according to a study published online Oct. 21 in *JAMA Network Open*.

Timothy S. Anderson, M.D., from the Beth Israel Deaconess Medical Center in Boston, and colleagues conducted a retrospective study involving [patients](#) aged 65 years or older with diabetes not taking insulin who were hospitalized for common medical conditions. Data were included for 5,296 [older adults](#) with diabetes, split between those who did and did not receive diabetes medication intensifications at hospital discharge.

The researchers found that within 30 days, the risk for severe hypoglycemia was higher (hazard ratio, 2.17; 95 percent confidence interval, 1.10 to 4.28), there was no difference in the risk for severe hyperglycemia (hazard ratio, 1.00; 95 percent confidence interval, 0.33 to 3.08), and the risk for death was lower (hazard ratio, 0.55; 95 percent confidence interval, 0.33 to 0.92) for patients who received medication intensifications. No differences were seen in the risk for [severe hypoglycemia](#) events, severe hyperglycemia events, or death at one year. Those who did and did not receive intensifications had no difference in the change in HbA1c level at one year (mean postdischarge HbA1c: 7.72 versus 7.70 percent).

"For most patients with elevated inpatient blood glucose levels, communication of concerns about patients' diabetes control to patients and their outpatient clinicians for close follow-up may provide a safer path than intensifying diabetes medications at discharge," the authors write.

One author disclosed financial ties to UpToDate.

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