

Study finds minimal ethnic differences in health among older insured diabetes patients

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In one of the first studies of its kind, researchers found that the prevalence of geriatric conditions and diabetic complications among older, insured patients with diabetes did not vary significantly by ethnicity. The study was published online today in the *Journal of Aging and Health*.

The ethnically diverse study population included 115,538 patients with diabetes, age 60 years or older, who were Kaiser Permanente members in Northern California.

"For patients with diabetes, geriatric conditions such as chronic pain, depression or dementia become increasingly common with age, yet it has been unknown to what extent these conditions vary across ethnic groups," said lead author Andrew J. Karter, PhD, senior research scientist at the Kaiser Permanente Division of Research. "We found that geriatric conditions were more common than [diabetic complications](#). The welcome news was that the prevalence of these conditions varied relatively little by ethnicity."

In the study population, 36,630 patients (32 percent) had a diagnosis of at least one diabetes-related complication in the past two years. Some were quite common—such as advanced diabetic eye disease (21 percent) and heart failure (13 percent). Others—such as myocardial infarction, stroke, end stage renal disease, serious hypoglycemic events and amputation—were uncommon (less than 2 percent).

In contrast, more than 101,000 patients (88 percent) had at least one geriatric condition recorded in the previous two years. Some conditions were widespread—chronic pain (74 percent), polypharmacy, or the use of multiple prescription medicines (57 percent) and depression (17 percent), while other conditions

were relatively uncommon—urinary incontinence and falls (7 percent each), dementia (2 percent), and underweight (less than 1 percent).

Currently, there is considerable variation in the prevalence of diabetes across ethnicities nationwide—with whites (7 percent) having the lowest, Chinese (8 percent) and Japanese (10 percent) intermediate, and African Americans and Latinos (14 percent), Filipinos and South Asians (16 percent), and Pacific Islanders (18 percent) having the highest prevalence. However, while the ethnic differences in the prevalence of diabetes were sizable, that was not the case for diabetic complications and geriatric conditions.

The rate of having at least one diabetes complication was not markedly different across [ethnic groups](#): 38 percent of African-Americans and mixed race-ethnicity, 32 percent of Latinos, 31 percent of whites, 29 percent of Filipinos and 28 percent of Asians had at least one diabetes complication.

The prevalence of having any geriatric condition did not differ markedly by ethnicity either: 89 percent of African-Americans and whites had at least one geriatric condition, followed by 88 percent of Latinos, 83 percent of Filipinos and 81 percent of Asians.

The paper's senior author from the University of Chicago, Elbert S. Huang, MD, further explained that: "Geriatric conditions can have a greater impact on health-related quality of life than diabetic complications. Examination of ethnic patterns of prevalent geriatric conditions in diabetes is important for our efforts to reduce disparities and assure culturally competent and patient-centered care among an increasingly diverse population of older patients with diabetes."

This research is part of The Diabetes & Aging Study, a long-term, National Institutes of Health-funded investigation to address gaps in knowledge regarding the history, medical services usage and self-care of older adults with diabetes.

The findings echo those of a recent study published in the *New England Journal of Medicine* which showed that racial disparities between black and white seniors covered by Kaiser Permanente in the Western United States have been nearly eliminated for cardiac risks and [diabetes](#) markers, even as these disparities persisted among patients in managed health care systems in other regions of the United States.

Provided by Kaiser Permanente

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