

Evidence of clinical inertia in management of T2DM

July 17 2018



(HealthDay)—Many patients with type 2 diabetes (T2D) who have a

hemoglobin A1c (HbA1c) level expected to trigger treatment intensification often have treatment inappropriately delayed, according to a research letter published in the July issue of *Diabetes Care*.

Kevin M. Pantalone, D.O., from the Cleveland Clinic, and colleagues identified a cohort of 7,389 [patients](#) with T2D who had an HbA1c value ≥ 7 percent despite having been on a stable regimen of two oral antihyperglycemic drugs for at least six months prior to the index HbA1c; this threshold would be expected to trigger [treatment](#) intensification. Patient records were reviewed for the six-month period following the index HbA1c, and changes in diabetes therapy were assessed for evidence of intensification.

The researchers found that during the six months following the index HbA1c ≥ 7 percent, almost two-thirds of patients (62.9 percent) had no evidence of intensification in antihyperglycemic [therapy](#). Therapy was not intensified in 44.4 percent of patients in the highest index HbA1c category (≥ 9 percent), nor was it intensified in 53.3 percent of those with an HbA1c between 8 and 8.9 percent.

"Unfortunately, these real-world findings confirm a high prevalence of clinical inertia with regard to T2D management," the authors write. "The unavoidable conclusion from these data, which here represent only one institution, is that physicians are not responding quickly enough to evidence of [poor glycemic control](#) in a high percentage of patients."

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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Citation: Evidence of clinical inertia in management of T2DM (2018, July 17) retrieved 19 September 2024 from

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