OPTIMIZING ANTIDIABETIC TREATMENT FOR ELDERLY PATIENTS ACCORDING TO THEIR FUNCTIONAL STATUS

Rubio Ruiz-L[1], Fernández Fernández-N[2], Castro Rodríguez M[2], Hijazi Vega M[1], Gómez-Bermejo M[1] ,Molina García T[1].
1. Pharmacy Department 2. Geriatrics Department (University Hospital of Getafe)

Background and Importance

Treatments for elderly patients with DM prioritize:

- Improving the quality of life.
- Preserving their functional status.
- Avoiding hypoglycemia→increased risk of falling, morbidity and mortality.

Aim and Objectives

- ❑ To determine DM prevalence in hospitalized patients at the Acute Geriatric Unit (AGU).
- ❑ To assess the adherence to the recommendations stablished by the American Diabetes Association (ADA):
  - To have an adequate antidiabetic treatment based on patients' functional status.
  - To have an updated glycated hemoglobin (HbA1c) value.

Materials and Methods

- ✓ Observational, retrospective.
- ✓ Hospitalised patients (AGU).
- ✓ January -February 2023.

The antidiabetic treatment adequation was evaluated based on ADA's recommendations

- ➢ 7-7.5% (functionally independent patients)
- ➢ 7.5-8% for (functionally dependent patients)
- ➢ prevent symptomatic hyperglycemia (end-of-life)

The patients were categorized as:
-**controlled** (complies with ADA´s recommendations)
-**over-controlled** (lower HbA1c levels)
-**inadequately controlled** (higher HbA1c levels)

Variables collected
- ✓ Updated HbA1c values (three last months).
- ✓ Patient functionality (Barthel Index).

Modifications to antidiabetic treatment at discharge were documented including:
- ✓ The drugs involved.
- ✓ The type of modification applied (treatment or dose initiation or increase, discontinuation or reduction).

Results

N=300 patients

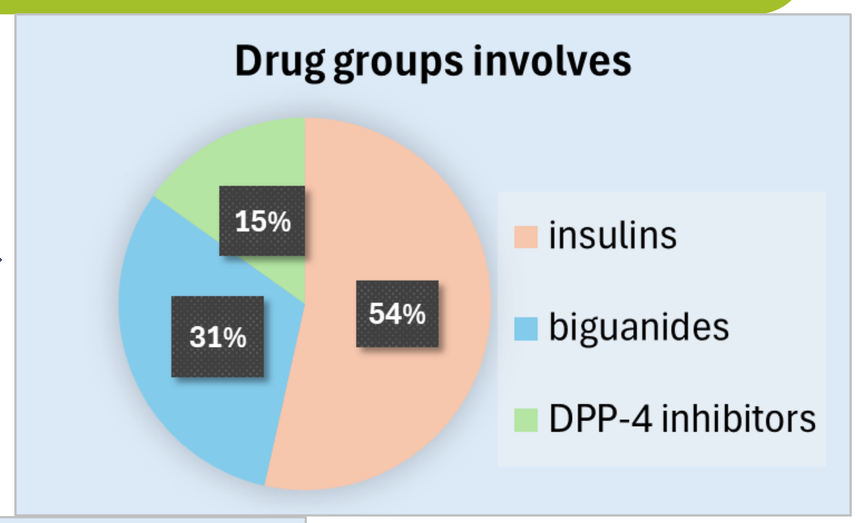
107 patients with DM **(33%prevalence of DM at the AGU)**

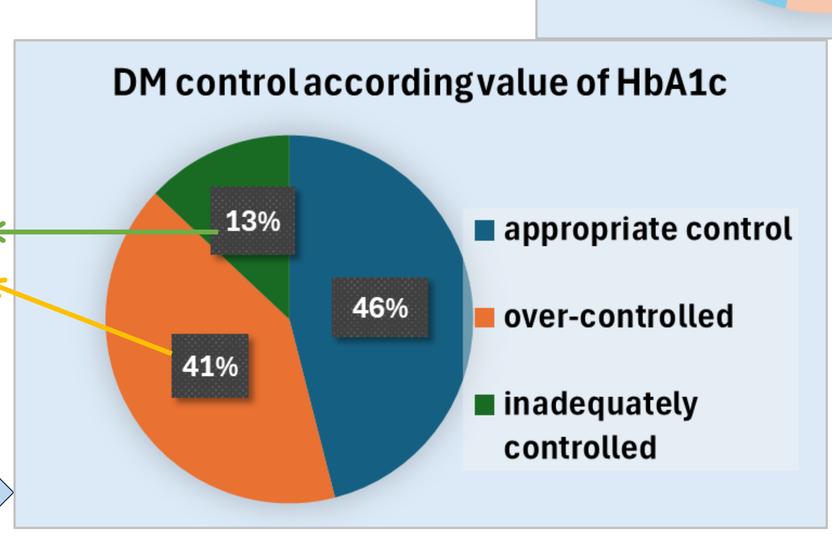
96 patients with DM **(90%) had an updated mean value of HbA1c** (7.4±1.5%) .

52 patients **(54%) had unappropiate control**

75% had discharge changes ADA-recommendations based

75% discontinuation/reduction
25% initiation/increase





Conclusion and Relevance

- ❑ Approximately **one third of AGU patients have diabetes** and, in most the cases, an updated HbA1c values were available.
- ❑ **Over half of AGU DM patients did not follow ADA recommendations** for metabolic control, leading to over-control.
- ❑ **Most patients with inadequate control had discharge changes ADA recommendations based.** Main modification were **discontinuation or dose reduction** in antidiabetic treatment.

Contact: lrubior@salud.madrid.org