

Cardiovascular Complications and Hypoglycemia Frequent in Elderly Diabetic Patients



A recently published study by JAMA Internal Medicine states that cardiovascular complications and low blood sugar (hypoglycemia) are frequent nonfatal complications found in adults 60 years of age and older that are affected by diabetes.

Diabetes mellitus is diagnosed in 24 million US patients, with nearly 50% of them older than 60 years. According to the study background this number is expected to double in the next 20 years as research suggests a patient's advancing age and the duration of time he or she has diabetes can predict complication and mortality rates from the disease.

The study was conducted by Elbert S. Huang, M.D., M.P.H., of the University of Chicago in collaboration with colleagues and included over 72,010 adults who had type 2 diabetes, were 60 years and older, and enrolled in Kaiser Permanente, a large US health care delivery system.

The team compared rates of diabetes complications and mortality across categories of age and how long a patient had diabetes, and found the highest incidence of nonfatal cardiovascular complications (coronary artery disease, cerebrovascular disease and congestive heart failure,) among older adults who had diabetes for a shorter duration of 9 years or less. This was followed by diabetic eye disease and acute hypoglycemic events.

The incidence of nonfatal complications in older patients with diabetes for a longer duration of 10 years or more was comparable, with rates for hypoglycemia resembling those of coronary artery disease and cerebrovascular disease.

The results also indicate that older patients in any age group had higher incidence of all outcomes (nonfatal complications and death) when they had diabetes for a longer, compared with shorter, duration of time.

The authors conclude that the four-year cohort study described the clinical course of diabetes in older adults with findings relevant and informative for researchers, clinicians and policymakers. More importantly, the data derived from this study could contribute to the scope of public policy interventions designed to meet the unique needs of elderly patients with the disease.

Source: [JAMA](#)

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