

# Diabetes treatment deintensification in a non-palliative geriatric cohort during subacute admission

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## INTRODUCTION

- Hypoglycaemia and polypharmacy cause considerable morbidity in order inpatients<sup>[1]</sup>.
- Guideliness advice deintensification of diabetes treatment in frail older adults<sup>[2]</sup>.

## AIM

- To identify determinates of diabetes treatment deintensification in the subacute setting.

## METHODS

- A retrospective chart review identified patient characteristics, and diabetes treatment at acute admission, subacute admission and subacute discharge.
- Deintensification was defined as reduction and/or cessation of insulin and/or oral antidiabetic agents (OADs).

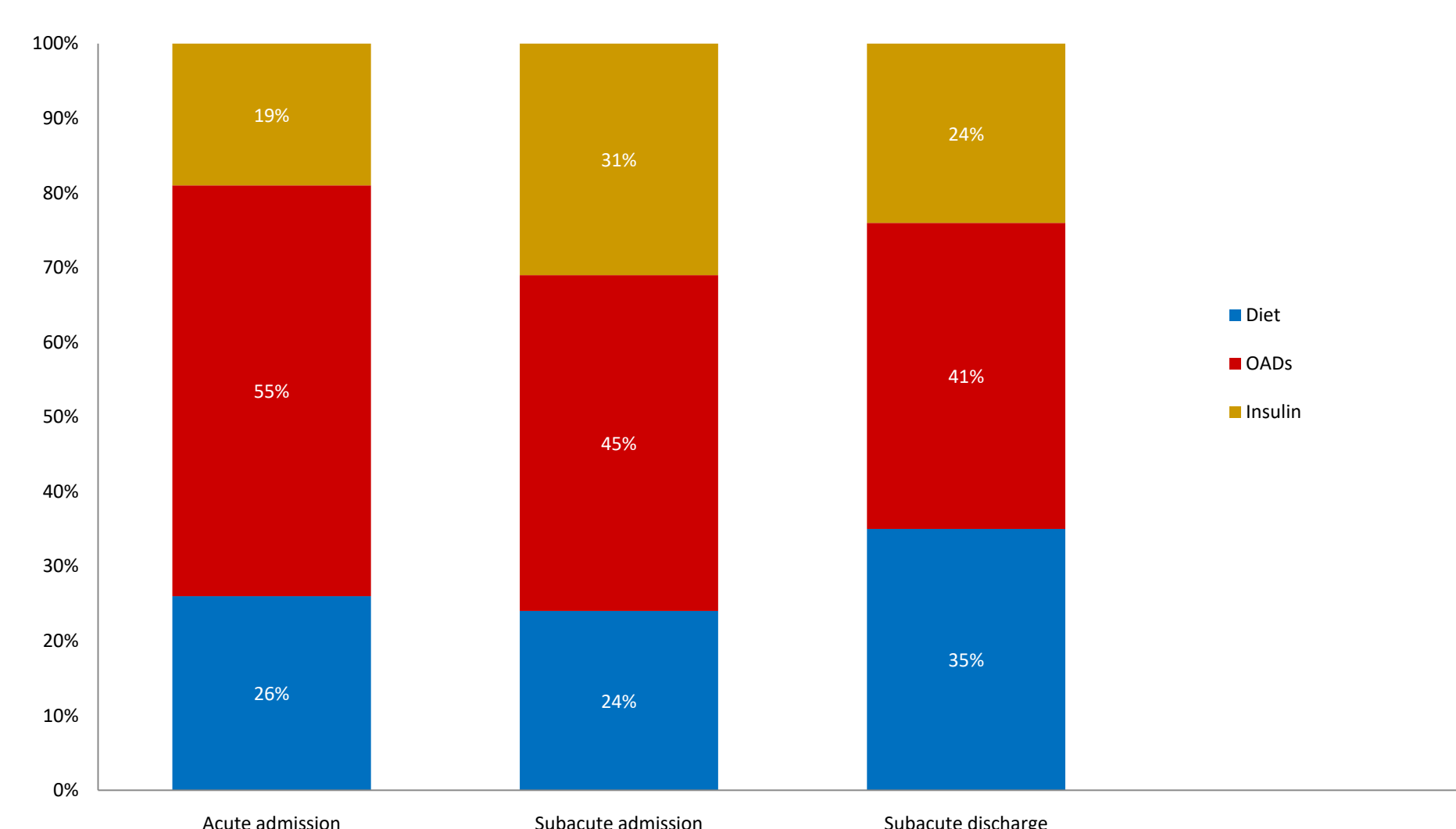
## RESULTS

- Seventy-eight patients were included. Clinical characteristics are summarised in Table 1.
- The use of insulin, OADs and diet control was different at acute admission, subacute admission and subacute discharge (Figure 1).
- During subacute admission, diabetes treatment was deintensified in 28 (36%) patients (Figure 2).

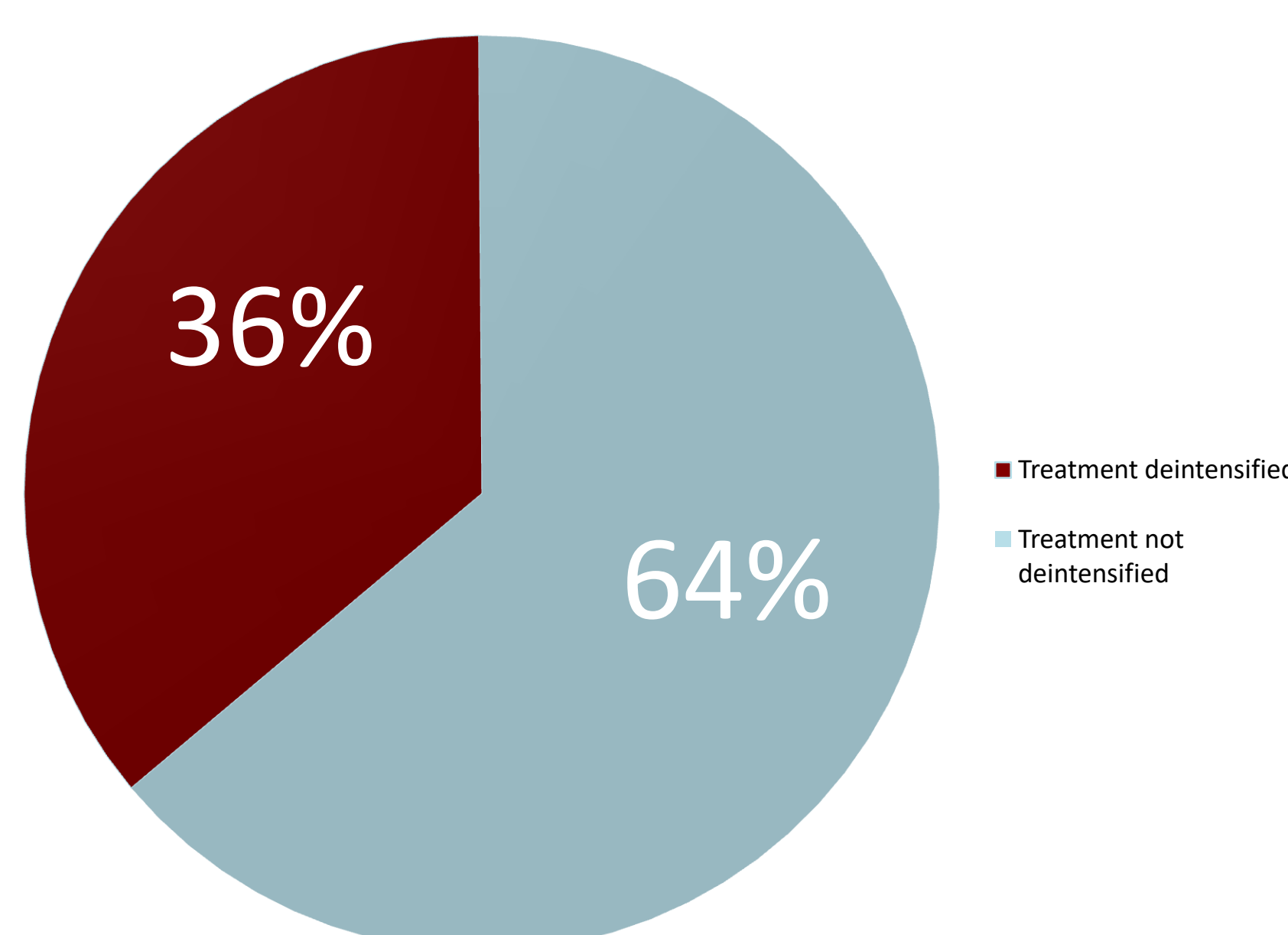
## RESULTS(cont.)

**Table 1.** Characteristics of patient cohort.  
Data presented as mean median [IQR], or n (%)

Patient characteristics (n=78)	
Age (years)	84.1
Male	36(46)
Creatinine	134
Comorbidity	2[1,4]
Residential care	23(29)



**Figure 1.** Diabetes treatment at acute admission, subacute admission and subacute discharge.



**Figure 2.** Diabetes treatment deintensification during subacute admission.

## RESULTS(cont.)

	DTD	DTND	P-value
<b>Glycaemic</b>			
•HbA1c(%)	7.6	7.1	0.03
Age(years)	84	84	0.8

	Adj . OR	95%CI	p-value
•HbA1c	1.01	0.66	0.9
•Age	1.02	0.90	0.7

## CONCLUSION

- Diabetes treatment deintensification occurred in more than one-third of geriatric subacute care patients.
- Deintensification was more likely to occur with insulin treatment and longer length of subacute admission.

## ACKNOWLEDGEMENTS

[1] Sinclair, A., Dunning, T., and Rodriguez-Manas, L. Diabetes in older people: new insights and remaining challenges. *Lancet Diabetes Endocrinol*, 2015. 3 (4 ): 275-85.