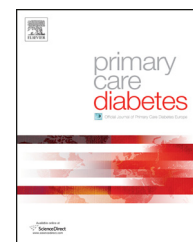




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## Original research

# Primary care management of non-institutionalized elderly diabetic patients: The S.AGES cohort – Baseline data



Sophie Bucher<sup>a,b,\*</sup>, Bernard Bauduceau<sup>c</sup>, Linda Benattar-Zibi<sup>d</sup>,  
Philippe Bertin<sup>e</sup>, Gilles Berrut<sup>f</sup>, Emmanuelle Corruble<sup>g</sup>, Nicolas Danchin<sup>h</sup>,  
Tiba Despierre<sup>i</sup>, Geneviève Derumeaux<sup>j</sup>, Jean Doucet<sup>k</sup>, Bruno Falissard<sup>l</sup>,  
Francoise Forette<sup>m</sup>, Olivier Hanon<sup>n</sup>, Rissane Ourabah<sup>a</sup>, Florence Pasquier<sup>o</sup>,  
Celine Piedvache<sup>i</sup>, Michel Pinget<sup>p</sup>, Virginie Ringa<sup>b</sup>, Laurent Becquemont<sup>i</sup>,  
representing the S.AGES Investigators

<sup>a</sup> General Practice Department, Paris-Sud Faculty of Medicine, University of Paris-Sud, Le Kremlin-Bicêtre, France

<sup>b</sup> INSERM, CESP Centre for Research in Epidemiology and Population Health, U1018, Gender, Sexual and Reproductive Health Team, University of Paris-Sud, Le Kremlin-Bicêtre, France

<sup>c</sup> Endocrinology Department, Begin Hospital, Saint Mandé, France

<sup>d</sup> Medical Director of ORPEA/CLINEA, Puteaux, France

<sup>e</sup> Rheumatology Department, Limoges University Hospital, Limoges, France

<sup>f</sup> Clinical Gerontology, Nantes University Hospital, France

<sup>g</sup> INSERM U 669, Paris-Sud Faculty of Medicine, University of Paris-Sud, Psychiatry Department, Bicêtre University Hospital, Assistance Publique-Hôpitaux de Paris, Le Kremlin-Bicêtre, France

<sup>h</sup> HEGP, Coronary Diseases, Paris, France

<sup>i</sup> Pharmacology Department, Paris-Sud Faculty of Medicine, University of Paris-Sud, Assistance Publique-Hôpitaux de Paris, Bicêtre Hospital, Le Kremlin-Bicêtre, France

<sup>j</sup> Cardiovascular Functional Exploration, Louis Pradel Hospital, Hospices Civils de Lyon, Bron, France

<sup>k</sup> Internal Medicine, Geriatrics and Therapeutics, Saint Julien University Hospital, Rouen University, Rouen, France

<sup>l</sup> INSERM U 669, Paris-Sud Faculty of Medicine, University of Paris-Sud, Biostatistics Department, Assistance Publique-Hôpitaux de Paris, Paul Brousse Hospital, Le Kremlin-Bicêtre, France

<sup>m</sup> University of Paris Descartes, National Foundation of Gerontology, Paris, France

<sup>n</sup> University of Paris Descartes, EA 4468, AP-HP, Broca Hospital, Geriatrics Department, Paris, France

<sup>o</sup> University of Lille Nord de France, UDSL, EA 1046, CHU, Lille, France

<sup>p</sup> Endocrinology, Diabetes and Nutrition-Related Diseases (NUDE Unit), Strasbourg University Hospital and the European Centre for the Study of Diabetes (CeeD), University of Strasbourg, Strasbourg, France

\* Corresponding author at: General Practice Department, Paris-Sud Faculty of Medicine, University of Paris-Sud, 63 rue Gabriel Peri, 94275 Le Kremlin-Bicêtre Cedex, France. Tel.: +33 1 49 59 67 27.

E-mail address: [sophie.bucher@u-psud.fr](mailto:sophie.bucher@u-psud.fr) (S. Bucher).

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## ABSTRACT

**Aim:** S.AGES is a multicenter prospective cohort study of non-institutionalized patients aged 65 and over with atrial fibrillation, type 2 diabetes or chronic pain. Its objective is to describe the medical management in primary care. This article presents the baseline characteristics of subjects in the diabetes subcohort and compares the results to those from cohorts of older diabetic patients.

**Methods:** From April 2009 to June 2011, 983 patients were included in the diabetes subcohort by 213 primary care providers. Demographic data, geriatric parameters and the history, characteristics and treatment of the diabetes were recorded at baseline.

**Results:** The mean age was  $76.7 \pm 5.9$  years. Most patients were living independently, with no cognitive impairment and in relatively good health. The duration of diabetes was  $11.3 \pm 8.7$  years with average HbA1c of  $6.9 \pm 1.0\%$ . 20% of patients had macrovascular disease, 33% renal failure, 14.6% ocular complication and 7.1% neuropathy. The first-line antidiabetic treatment was metformin (61.2%) and 18% of patients had used insulin. Treatment intensified with the worsening of diabetic symptoms. When compared to those from French and North American cohorts, the results showed increased complications and use of insulin with age, disease duration and severity.

**Conclusion:** Due to the method of recruitment, S.AGES patients were generally healthy with well-controlled diabetes. However, the results were consistent with those from other cohorts. Three-year follow-up is expected to study the management of diabetic patients aged 65 and over in primary care.

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## 1. Introduction

In France, type 2 diabetes affects 4.6% of the population, across all ages [1]. Its prevalence increases sharply after middle age to reach 14.2% in patients aged 65 and over [2], and 75-year-olds account for 25% of diabetic patients [3]. The figures in France are consistent with the European average [4]. In the US, diabetes is estimated to affect 15% of seniors [5]. Aging of the population and high levels of obesity result in an increased number of diabetic patients, particularly those aged 65 and over [6,7].

Diabetes leads to complications, notably micro and macrovascular problems. Diabetic patients tend to develop macrovascular disorders: coronary insufficiency, cerebrovascular involvement and heart failure [8].

The complications of diabetes are most frequent in the elderly and increase with age [2]: 45.3% of patients aged 65–74 experience vascular complications and this figure rises to 62.2% among patients aged 85 and over. Moreover, elderly diabetic patients are at a greater risk of developing other complications such as malnutrition, dementia, falls, fracture, depression and incontinence [9].

In France, type 2 diabetes is one of the main causes of healthcare expenditure [10]. Throughout the world, primary care providers are the first to support non-hospitalized patients [11] but few studies describe the medical management of elderly patients in the home. Despite international and national guidelines, little is known about the primary care of non-institutionalized elderly diabetic patients. The aim of this study is to describe the characteristics of non-institutionalized type 2 diabetics aged 65 and over participating in a primary care cohort study and to compare these

characteristics to those of patients recruited in other cohorts of elderly diabetic subjects.

## 2. Patients and methods

In S.AGES [12], a prospective non-interventional multicenter cohort study conducted in France, the cohort of patients aged 65 or over, recruited in primary care practices and diagnosed with type 2 diabetes mellitus (T2DM), atrial fibrillation or chronic pain [13], was divided into three subcohorts. Primary care physicians could be included in one of 3 sub-cohorts, the choice of which was determined by drawing lots. Three-year follow-up was planned with visits to the primary care provider scheduled every six months. The main objective of S.AGES is to describe the primary care medical management of patients in each subcohort.

The secondary objectives common to all 3 cohorts are:

- To estimate resource consumption associated to the medical and paramedical care of the patients.
- To analyze the factors influencing the medical management.
- To describe the occurrence of major clinical events including hospitalizations and deaths during the 3 years follow up.

The secondary objectives specific of the T2DM sub cohort are:

- To describe the therapeutic strategies in relation with T2DM equilibrium (HbA1c).
- To analyze predictive factors of treatment response.
- To study pharmacogenetics geriatrics elements.

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