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SPECIAL ARTICLE

Treatment of type 2 diabetes mellitus in elderly patients^{☆,☆☆}

R. Gómez-Huelgas^{a,b,c,d,*}, F. Gómez Peralta^{e,f}, L. Rodríguez Mañas^{g,h,i}, F. Formiga^{j,k}, M. Puig Domingo^{l,m,n,ñ}, J.J. Mediavilla Bravo^{o,p}, C. Miranda^{q,r}, J. Ena^{s,d}

^a Servicio de Medicina Interna, Hospital Regional Universitario de Málaga, Málaga, Spain

^b Instituto de Investigación Biomédica de Málaga (IBIMA), Spain

^c CIBER de Obesidad y Nutrición (CIBEROBN), Instituto de Salud Carlos III, Spain

^d Sociedad Española de Medicina Interna (SEMI), Spain

^e Unidad de Endocrinología y Nutrición, Hospital General de Segovia, Segovia, Spain

^f Sociedad Española de Diabetes (SED), Spain

^g Servicio de Geriátria, Hospital Universitario de Getafe, Madrid, Spain

^h CIBER de Fragilidad y Envejecimiento Saludable (CIBERFES), Instituto de Salud Carlos III, Spain

ⁱ Sociedad Española de Medicina Geriátrica (SEMEG), Spain

^j Unidad de Geriátria, Hospital Universitari de Bellvitge, L'Hospitalet de Llobregat, Barcelona, Spain

^k Sociedad Española de Geriátria y Gerontología (SEGG), Spain

^l Servicio de Endocrinología y Nutrición, Hospital Germans Trias i Pujol, Badalona, Barcelona, Spain

^m Institut d'Investigació en Ciències de la Salut Germans Trias i Pujol, Badalona, Barcelona, Spain

ⁿ CIBER de Diabetes y Enfermedades Metabólicas Asociadas (CIBERDEM), Instituto de Salud Carlos III, Spain

^ñ Sociedad Española de Endocrinología y Nutrición (SEEN), Spain

^o Centro de Salud Burgos Rural, Burgos, Spain

^p Sociedad Española de Medicina General (SEMERGEN), Spain

^q Centro de Salud Buenavista, Toledo, Spain

^r Sociedad Española de Médicos Generales y de Familia (SEMG), Spain

^s Servicio de Medicina Interna, Hospital Marina Baixa, La Vila Joiosa, Alicante, Spain

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KEYWORDS

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Abstract The prevalence of type 2 diabetes mellitus (DM2) increases markedly with age. Antidiabetic treatment and the objectives of glycaemic control in elderly patients with DM2 should be individualized according to their biopsychosocial characteristics. In elderly patients for whom the benefits of intensive antidiabetic treatment are limited, the basic objectives should be to improve the quality of life, preserve functionality and avoid adverse effects, especially hypoglycaemia. Treatment of DM2 in the elderly was the subject of a consensus document

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* Corresponding author.

E-mail address: ricardogomezhueltas@hotmail.com (R. Gómez-Huelgas).

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PALABRAS CLAVE

Diabetes mellitus tipo 2;
Anciano;
Tratamiento antidiabético

published in 2012 and endorsed by several Spanish scientific societies. Since then, new therapeutic groups and evidence have emerged that warrant an update to this consensus document. The present document focuses on the therapeutic aspects of DM2 in elderly patients, understood as being older than 75 years or frail.

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Tratamiento de la diabetes mellitus tipo 2 en el paciente anciano

Resumen La prevalencia de la diabetes mellitus tipo 2 (DM2) se incrementa marcadamente con la edad. El tratamiento antidiabético y los objetivos de control glucémico en el anciano con DM2 deben individualizarse en función de sus características biopsicosociales. En los pacientes de edad avanzada, en los que los beneficios de un tratamiento antidiabético intensivo son limitados, los objetivos básicos deben ser mejorar la calidad de vida, preservar la funcionalidad y evitar los efectos adversos, muy especialmente las hipoglucemias. El tratamiento de la DM2 en el anciano fue objeto de un consenso, publicado en 2012 y avalado por varias sociedades científicas españolas. Desde entonces, han aparecido nuevos grupos terapéuticos y evidencias que hacen recomendable su actualización. El presente documento se centrará en los aspectos terapéuticos de la DM2 en el paciente anciano, entendiéndolo como tal el tener una edad mayor de 75 años o presentar fragilidad.

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Background

Aging is characterized by a progressive loss of an individual's functional capacity. The elderly population is biologically heterogeneous, thereby necessitating a comprehensive assessment, one that includes functional aspects in the decision-making process.¹ Although there is no consensus on the definition of an individual as elderly, this document uses the operational definition of having an age greater than 75 years or presenting frailty.²

Demographic predictions put Spain as one of the most aged countries in the world. In 2050, 12% of the Spanish population will be 80 years of age or older.³

Type 2 diabetes mellitus (DM2) is a disease closely linked to aging, and its prevalence increases markedly with age. This situation is due to the combination of insulin secretion deficiency, insulin resistance (related to the increase in visceral, intermuscular and intramuscular adiposity), sarcopenia and physical inactivity in elderly patients. In Spain, 63% of patients with diabetes (of whom more than 90% have DM2) are older than 65 years,⁴ and more than a third of the population older than 75 years has diabetes.⁵ It has been predicted that the number of patients with diabetes older than 70 years will quadruple worldwide in the next 3 decades due to the increase in DM2.⁶

Antidiabetic treatment and the objectives of glycemic control in elderly patients with DM2 should be individualized according to their biopsychosocial characteristics. In elderly patients for whom the benefits of intensive antidiabetic treatment are limited, the basic objectives should be to improve the quality of life, preserve

functionality and prevent adverse effects, especially hypoglycemia.⁷

Treatment of DM2 in the elderly was the subject of a consensus document published in 2012 and endorsed by several Spanish scientific societies.⁸ Since then, new therapeutic groups and evidence have emerged that warrant an update to this consensus document. The present document focuses on the therapeutic aspects of DM2 in elderly patients.

Functional capacity, frailty and diabetes

Frailty is a clinical syndrome associated with aging, characterized by the presence of at least 3 of the following criteria: involuntary weight loss, exhaustion, muscle weakness, slowness of gait and physical hypoactivity (Table 1).² Frailty is the main predictor of disability, dependence and mortality in the elderly,⁹ including those with diabetes,¹⁰ and is a more potent prognostic marker than the comorbidity burden.¹¹ Diabetes is a risk factor for the development of frailty,¹² both for predisposing patients to sarcopenia and cognitive dysfunction and for microvascular and macrovascular complications (retinopathy, polyneuropathy, dysautonomia, renal failure and cardiovascular disease).¹

Early detection of frailty and sarcopenia are key aspects in the management of elderly patients in general^{13,14} and in those who have diabetes in particular.¹ The objectives of glycemic control should be based on the patient's functional status, because neither frail elderly patients nor those with established functional impairment will benefit from

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