

National Observatory on the Therapeutic Management in Ambulatory Care Patients Aged 65 and Over, with Type 2 Diabetes, Chronic Pain or Atrial Fibrillation

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Abstract – The primary objective of the S.AGES cohort is to describe the real-life therapeutic care of elderly patients. **Patients and methods.** This is a prospective observational cohort study of 3 700 non-institutionalized patients over the age of 65 years with either type 2 diabetes mellitus (T2DM), chronic pain or atrial fibrillation (AF) recruited by French general practitioners (GPs). Follow-up is planned for 3 years. **Baseline characteristics.** In the chronic pain sub-cohort, 33% of patients are treated with only grade 1 analgesics, 29% with grade 2 analgesics and 3% with grade 3 analgesics, and 22% have no pain treatment. In the T2DM sub-cohort, 61% of patients have well-controlled diabetes (Hb1c <7%) and 18% are treated with insulin. In the AF sub-cohort, 65% of patients have a CHADS2 score greater than 2, 77% are treated with oral anticoagulants, 17% with platelet inhibitors, 40% with antiarrhythmic drugs and 56% with rate slowing medications. **Conclusion.** The S.AGES cohort presents a unique opportunity to clarify the real-life therapeutic management of ambulatory elderly subjects and will help to identify the factors associated with the occurrence of major clinical events.

[†]: for the S.AGES investigators, see end of article.

Mots clés :

sujets âgés ;
diabète de type 2 ;
fibrillation auriculaire ;
douleur chronique ;
pharmaco épidémiologie

Résumé – Observatoire national de la prise en charge thérapeutique ambulatoire des patients de plus de 65 ans souffrant de diabète de type 2, de douleurs chroniques ou de fibrillation auriculaire. L'objectif de la cohorte les S.AGES est de décrire la prise en charge médicale en vie réelle de patients âgés. **Patients et méthodes.** Il s'agit d'une cohorte de 3 700 patients de plus de 65 ans, non institutionnalisés, atteints soit de diabète de type 2 (T2DM), soit de douleurs chroniques (DC) soit de fibrillation auriculaire (AF) recrutés par des médecins généralistes français. Le suivi est prévu pendant 3 ans. **Résultats descriptifs de la population à l'inclusion.** Dans la sous-cohorte DC, 33 % des patients sont traités par des antalgiques de palier 1, 29 % par des antalgiques de palier 2 et 3 % par des antalgiques de palier 3 et 22 % n'ont pas de traitement. Dans la sous-cohorte T2DM, 61 % ont un diabète bien équilibré ($Hb1c < 7\%$) et 18 % sont traités par insuline. Dans la sous-cohorte AF, 77 % des patients sont traités par des anticoagulants oraux, 17 % par antiagrégants plaquettaires, 40 % par des anti arythmiques et 56 % par des bradycardisants. **Conclusion.** Cette cohorte les S.AGES est une opportunité unique de préciser la prise en charge en vie réelle des patients âgés ambulatoires.

Abbreviations: see end of article.

1. Introduction

The proportion of elderly subjects is increasing regularly in Western populations due to the progressively longer life expectancy. Consequently, elderly subjects have an increasing number of chronic diseases associated with aging, which are most commonly of osteo-articular (responsible of chronic pain), metabolic and cardiovascular origin.

Among elderly subjects over the age of 75, chronic pain^[1] is one of the primary reasons for consultation, concerning more than 70% of patients; only 6% of elderly persons do not complain of chronic pain.^[2] Chronic pain limits the autonomy and socialization of elderly subjects and constitutes an important risk factor for hospitalization and loss of autonomy.^[1]

The prevalence of diabetes also increases with age.^[3,4] In France, in 2006, there were approximately 2 million patients with type 2 diabetes and more than half of these patients were older than 65 years.^[5] The management of type 2 diabetes in the geriatric population presents many additional problems such as the proper understanding of treatment administration and monitoring as well as the risk of hypoglycaemia, which results in frequent visits to the emergency room.^[6] These geriatric specificities of diabetes management^[7] affect cognitive performances, the need for home support and finally, the care of elderly persons with diabetes in their home.^[8]

Last, chronic atrial fibrillation (AF) is also problem in elderly patients.^[9] The primary risk is stroke,^[10] which represents the leading cause of non-traumatic disability, the second leading cause of dementia and major depression and the third leading cause of death after coronary events and cancer. The therapeutic management of AF is therefore more difficult in elderly subjects due to a hemorrhagic risk associated with anticoagulant therapy.^[10] The recent recommendations from the European society of cardiology indicate that age >75 years alone is an indication for anticoagulant therapy.^[11]

The management of these 3 diseases (chronic pain, diabetes and AF) in elderly subjects is complex; of course it involves drug therapy, but also nursing, hygiene, rehabilitation care and various social assistance in line with caring for patients at home. Few data are available in France to describe the overall medical management of elderly patients at home, the adaptation of recent treatment guidelines and the morbidity observed in real life.

The objective of the S.AGES cohort (elderly subjects) is specifically to describe the real-life therapeutic management of non-institutionalized subjects over the age of 65 with either type 2 diabetes, atrial fibrillation, or chronic pain and to identify the factors associated with the occurrence of major clinical events.

2. Patients and methods

2.1. Primary objective

The primary objective was to describe the different drug management methods for the ambulatory care of patients over the age of 65, and who have one of the 3 following diseases:

- either presenting or have presented with atrial fibrillation (AF) in the 12 months before inclusion;
- either presenting with pain that has been developing for more than 3 months, requiring care (chronic pain);
- either presenting with type 2 diabetes (T2DM) treated with oral and/or injectable antidiabetic drugs.

2.2. The secondary objectives

2.2.1. The secondary objectives common to the 3 sub-cohorts were:

- to estimate the consumption of resources associated with the medical and paramedical management of patients;
- to analyze the impact of some factors on the therapeutic management attitudes (the patient's cognitive state, autonomy, kidney function, etc.);
- to describe, based on the therapeutic management methods, the occurrence of major clinical events, hospitalizations and deaths and to analyze the associated factors to the occurrence of these events.

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