PRESS RELEASE

Too many older diabetes patients are being overtreated

New study shows that too few Medicare insured patients with well controlled diabetes have medication discontinued

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Up to 11 percent of older Americans insured through Medicare are receiving too much medication to control their diabetes, and around 7 percent are being undertreated. This is according to a study in the Journal of General Internal Medicine which is published by Springer. The research involved the analysis of Medicare insurance claims data in 2011 from 78,792 diabetes patients 65 years and older living in ten eastern American states. Medicare is a US federal health insurance program primarily for people who are 65 or older.

In the article, study leader Matthew Maciejewski of Durham Veterans Affairs Medical Center and Duke University in the US warns against a one-size-fits-all approach when treating diabetes in older patients. He and his co-authors call for greater personalized care that takes account of the risks and benefits that such treatment holds for individual patients.

Diabetes treatment is a balancing act in which the risks and difficulties of treatment must be constantly weighed up against the potential harm of undertreatment. Aggressive blood sugar control can cause dangerously low blood sugar (called hypoglycemia), heart attacks or strokes, temporary cognitive impairment and fractures. In specific cases outlined by the American Geriatrics Society and the American Diabetes Association, it is appropriate to de-intensify therapy or remove prescribed treatments for older adults with well controlled diabetes.

The data show that 8,560 (10.9 percent) of older patients potentially received too much diabetes medication in 2011, while 5,487 (6.9 percent) were undertreated. Overtreatment was more likely among patients who were also eligible for Medicaid (healthcare for families and individuals with limited means) and those older than 75 years. Overtreatment was less likely among Hispanics and people living in urban areas.

The deintensification of diabetes therapy was more common for Medicare beneficiaries with six or more chronic conditions, as well as those who had more outpatient visits or who lived in urban areas. It was much less likely for patients older than 75 years.

“The oldest Medicare beneficiaries are the least likely to benefit from tight glycemic control and most likely to be harmed, so it is troubling that they were more likely to be overtreated and less likely to have their medication regimens de-intensified,” explains co-author Sussman of Ann Arbor Veterans Affairs Medical Center and the University of Michigan.

“By focusing at both overtreatment and undertreatment ends of the diabetes quality spectrum, we can best begin to improve the quality of diabetes care in all respects, ensuring that patients get needed care while avoiding unnecessary potential harm,” he adds.