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American Diabetes Association and American Geriatrics Society Publish Consensus Report on Diabetes in Older Adults *-- Panel Finds Critical Gaps in Evidence for Those 65 and Older --*

Alexandria, VA (October 25, 2012) – Adults age 65 and older are more likely to have diabetes than any other age group, but researchers and clinicians have the least amount of data regarding how best to treat this population, a consensus report published jointly by the American Diabetes Association and American Geriatrics Society concludes. The report, written by a Consensus Panel of diabetes experts from multiple disciplines, will be published simultaneously online Oct. 25 in *Diabetes Care* and in the *Journal of the American Geriatrics Society*. The report outlines what diabetes experts know about older adults with diabetes, how the disease affects them differently than younger adults, what can be done to prevent or treat it and how best to fill the critical gaps in evidence to better address their needs.

“With our nation’s aging population, it becomes increasingly important for us to understand how diabetes is impacting older adults,” said GERALYN SPOLLETT, MSN, ANP-CS, CDE, President, Health Care & Education, American Diabetes Association. “We know a great deal about how to help middle-aged adults prevent and manage diabetes, but little about those in their later years, who are far more likely to be diagnosed and to suffer from the serious and life-threatening complications associated with this disease.”

In February 2012, the American Diabetes Association convened a Consensus Development Conference on Diabetes and Older Adults (defined as those aged 65 years or older) to hear from researchers and other experts on what is known, and not known, about this population. The consensus report highlights what was learned in the following areas: the epidemiology and pathogenesis of diabetes in older adults; evidence for preventing and treating diabetes and its most common comorbidities in older adults; current guidelines for treating older adults with diabetes; issues that need to be considered in individualizing treatment recommendations; consensus recommendations for treating older adults with or at risk for diabetes; and how gaps in the evidence can be filled.

“One important issue is that older people are a very heterogeneous population, which means that recommendations cannot simply be based on age. One 75-year-old may have newly diagnosed diabetes but otherwise be quite healthy and lead a very active life, while another may have multiple diseases, dementia and longstanding diabetes with complications. It’s critical to consider overall physical and cognitive function, quality of life and patient preferences when developing a treatment plan with an older patient,” said Jeffrey B. Halter, MD, a member of the consensus panel, director of the Geriatrics Center at the University of Michigan, and past president of the American Geriatrics Society.

As people get older, insulin resistance increases and pancreatic islet cell function decreases, placing them at

greater risk for the development of type 2 diabetes. The epidemic of type 2 in the United States, while clearly associated with the increase in overweight and obesity, is also greatly exacerbated by the aging of the population. In fact, the Centers for Disease Control and Prevention estimates that, even if diabetes incidence leveled off, prevalence rates would still double over the next 20 years as our population ages.

More than 25 percent of adults age 65 or older have diabetes, and roughly half have prediabetes. Older adults with diabetes also have the highest rate of diabetes-related lower limb amputations, heart attacks, vision problems and kidney failure of any other age group, with rates higher even still for those over the age of 75. Yet, the report noted, this group has not been included in most diabetes treatment trials, particularly those with comorbidities or cognitive impairment.

The panel, when developing consensus recommendations for clinical care, used a framework of considering older adults with diabetes in one of three groups: those in relatively good health; those with complex medical histories that might make self-care difficult; and those with significant comorbid illness and functional impairment, with different screening and treatment recommendations for each group. It also recommended further research be done that takes into account the complexity of issues facing older adults and that studies include patients with multiple comorbidities, dependent living situations and geriatric syndromes to get the most complete picture of the needs and challenges of frail or complex patients.

The American Diabetes Association Consensus Development Conference was supported by a planning grant from the Association of Specialty Professors (through a grant from the John A. Hartford Foundation), by Educational Grants from Lilly USA, LLC and Novo Nordisk Inc., and sponsorships from the Medco Foundation and Sanofi.

Diabetes Care, published by the American Diabetes Association, is the leading peer-reviewed journal of clinical research into one of the nation's leading causes of death by disease. Diabetes also is a leading cause of heart disease and stroke, as well as the leading cause of adult blindness, kidney failure, and non-traumatic amputations.

The American Diabetes Association is leading the fight to Stop Diabetes and its deadly consequences and fighting for those affected by diabetes. The Association funds research to prevent, cure and manage diabetes; delivers services to hundreds of communities; provides objective and credible information; and gives voice to those denied their rights because of diabetes. Founded in 1940, our mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. For more information please call the American Diabetes Association at 1-800-DIABETES (1-800-342-2383) or visit www.diabetes.org. Information from both these sources is available in [English](#) and [Spanish](#).

The American Geriatrics Society (AGS) is a not-for-profit organization of over 6,000 health professionals dedicated to improving the health, independence and quality of life of all older people. The Society provides leadership to healthcare professionals, policy makers and the public by implementing and advocating for



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programs in patient care, research, professional and public education, and public policy. For more information please visit www.americangeriatrics.org.

The *Journal of the American Geriatrics Society* is a comprehensive and reliable source of monthly research and information about common diseases and disorders of older adults. The journal is published by Wiley-Blackwell on behalf of the American Geriatrics Society. For more information, please visit <http://wileyonlinelibrary.com/journal/jgs>.

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Our Mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

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