

ANTIDIABETIC TREATMENT IN FRAIL PATIENTS WITH TYPE II DIABETES ADMITTED TO THE EMERGENCY DEPARTMENT FOR ALTERED GLYCEMIA



4CPS-218

L. VEGA-HANNA, J. RUIZ, A. JUANES-BORREGO, L. LOPEZ-VINARDELL, I. AGRA-MONTAVA,
N. MAS-MALAGARRIGA, M.A. MANGUES-BAFALLUY
Hospital Santa Creu i Sant Pau (Barcelona, Spain)

BACKGROUND

Decompensated glycemia is one of the main causes of **emergency department** (ED) visit among diabetes patients. However, information about antidiabetic treatment and risk factor associated to revisits among elderly diabetic patients who visited the ED is scarce.

PURPOSE

To describe the oral antidiabetic treatment and Glycated hemoglobin (%HbA1c) value in frailty patients with Type-II-Diabetes admitted to an ED due to hyperglycemia or hypoglycemia and to evaluate risk-factors associated with 30-day revisits.

MATERIAL AND METHODS

- Retrospective observational study (Period: 2017-2019).
- Frailty patients with Type II-Diabetes treated with oral antidiabetic admitted to an ED due to hyperglycemia or hypoglycemia were included.
- To evaluate risk-factors associated with **30-day revisits**, a multivariate analysis was performed, in which comorbidities and treatments risk-factors with p-value <0.200 were included.

RESULTS

- **48** patients were included, [Mean age: 83 (\pm 7.7) years], 23 (48%) were admitted for hyperglycemia and 25 (52.1%) for hypoglycemia.
- **Six (12.5%)** patients were being treated only with insulin, 27 (56.3%) only with oral antidiabetics and 15 (31.2%) with oral antidiabetics and insulin.
- **38 (79.1%)** patients presents a %Hb1Ac value during the year before ED visit, being in 11 (29.8%) between 7.5%-8.5%, in 18 (47.3%) <7.5% and in 9 (23.7%) >8.5%.
- **Treatment** was **modified** in **14** patients (30.4%) none of them revisited de ED after 30 days. Of the 32 patients (69.6%) in whom the medication was not modified, 10 (21.7%) revisited the ED after 30 days due to alterations in glycemia, 4 for hypoglycemia and 6 for hyperglycemia.

OR Risk factors 30-day revisit (Multivariate analysis)

Chronic Heart Failure	4.12 (1.02-14.1)
Treatment modification	2.71 (0.88-5.21)
%Hb1Ac <6.5%	3.23 (0.92-6.43)
Chronic renal failure	2.57 (0.88-3.22)

CONCLUSIONS

- ✗ Frailty patients who consult the ED for DRPs due antidiabetic drugs presented a high risk of revisit, observing a lower risk in those patients in whom treatment is modified at ED discharge.