

 DIABETES

Time to rethink intensive treatment for all?

The dangers of overtreating patients with diabetes mellitus to control their blood glucose levels or blood pressure are increasingly being recognized, particularly in elderly patients who have the least to gain from intensive treatment. A new study shows that only one-quarter of potentially overtreated elderly patients with type 2 diabetes mellitus (T2DM) whose treatment resulted in very low (potentially dangerous) HbA_{1c} levels had their medication deintensified.

With data from the US Veterans Health Administration, Jeremy Sussman and colleagues retrospectively studied 211,667 patients aged ≥70 years with T2DM who were actively treated to control their blood glucose levels (with

medications other than metformin) or blood pressure (with medications other than angiotensin-converting enzyme inhibitors or angiotensin receptor blockers). Of patients with very low HbA_{1c} levels (defined as <6%) or very low blood pressure (defined as <120/65 mmHg), only 27.0% and 18.8%, respectively, had their treatment deintensified; likelihood of treatment deintensification was only weakly associated with low HbA_{1c} levels, low blood pressure or life expectancy. Furthermore, of patients with very low HbA_{1c} levels or very low blood pressure whose treatment was not deintensified, 79.8% and 61.6%, respectively, did not even have their HbA_{1c} levels or blood pressure checked in the following 6 months.

“Many patients with diabetes mellitus who have their blood sugar levels and blood pressure intensively treated might be better served by less treatment,” explains Sussman. “Clinicians should look at patients’ laboratory values, vital signs and the pills they take to see if they might be healthier on less medication.” Going forward, the researchers are hoping to change clinical practice guidelines and performance measures to include a focus on preventing overtreatment of patients with diabetes mellitus.

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ORIGINAL ARTICLE Sussman, J. B. *et al.* Rates of deintensification of blood pressure and glycemic medication treatment based on levels of control and life expectancy in older patients with diabetes mellitus. *JAMA Intern. Med.* <http://dx.doi.org/10.1001/jamainternmed.2015.5110>