

PDB92 PHYSICIANS' ADHERENCE TO CLINICAL PRACTICE GUIDELINES IN THE MANAGEMENT OF TYPE 2 DIABETES MELLITUS ELDERLY PATIENTS. THE IMPLICA2 STUDY

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Background

- The management of elderly patients with type 2 diabetes mellitus (T2DM) is complex due to their age-related conditions^{1,2}. For this reason, several clinical guidelines provide specific recommendations for this population.

Objective

- This study investigates physicians' adherence to clinical guidelines in the management of elderly T2DM patients in Spain.

Methods

- Physicians completed a cross-sectional survey between February and May 2017. The questionnaire was designed based on a literature review and expert opinion. It included closed-ended and 5-point Likert-scale questions related to **1)** sociodemographic characteristics and **2)** use of guidelines and adherence to their recommendations.
- To assess physicians' adherence to treatment recommendations, we asked them to select the appropriate HbA1c target for healthy elderly patients and for elderly patients with very complex health status (frail patients). The HbA1c targets recommended by the ADA and redGDP guidelines (< 7.5 for healthy elderly patients and < 8.5 for frail patients) were used as reference.
- In addition physicians were asked about the most appropriate treatment sequence for three hypothetical profiles of newly diagnosed elderly T2DM patients: **A)** Elderly patient with HbA1c < 8.5%, **B)** Asymptomatic elderly patient with HbA1c ≥ 8.5% and **C)** Symptomatic hyperglycaemia or HbA1c ≥ 9.5%. The redGDPS therapeutic algorithm for elderly people and the ADA recommendations for elderly patients were used as reference.

Results

Characteristics of participants

A total of 993 physicians completed the questionnaire. Their sociodemographic characteristics are shown below.

Table 1. Characteristics of participants

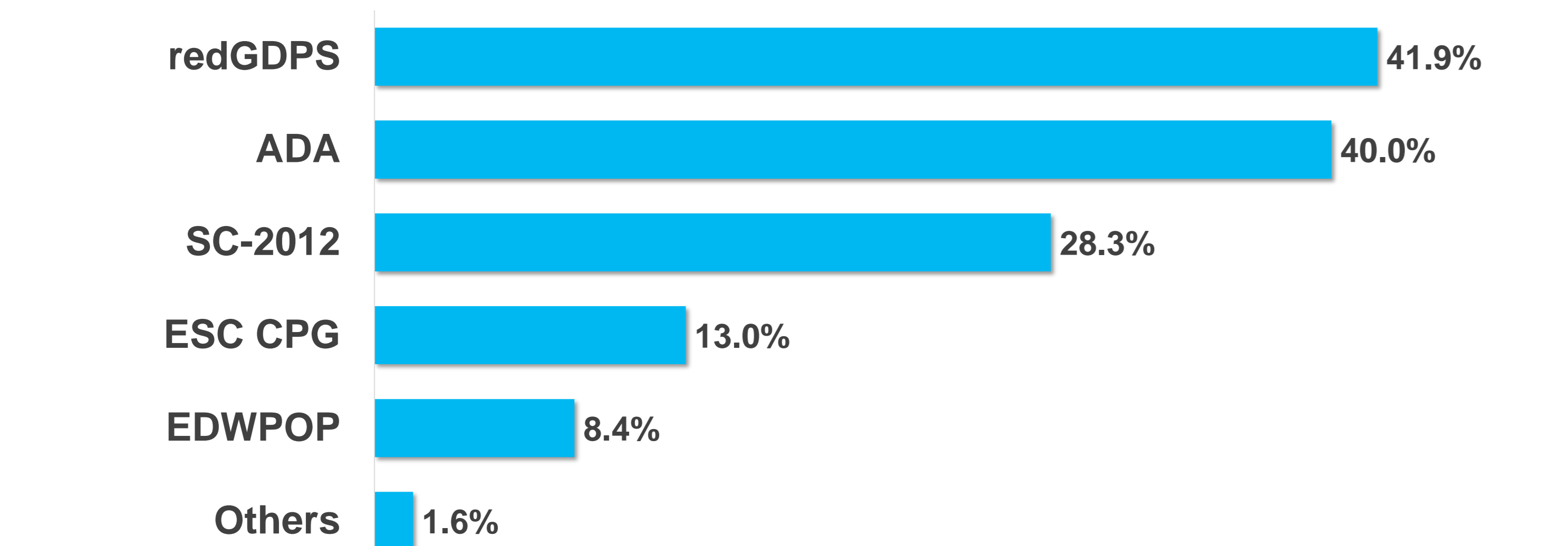
Characteristics	
Age [mean (SD)], years	52.8 (8.4)
Women [% (n)]	33.0 (328)
Location [% (n)]	
Rural	15.6 (155)
Semi-urban	24.5 (243)
Urban	59.9 (595)
Specialty [% (n)]	
Primary care	87.3 (867)
Endocrinology	3.6 (36)
Geriatrics	0.2 (2)
Internal medicine	4.1 (41)
Others	4.7 (47)
Years of experience [mean (SD)]	24.5 (9.1)
Patients with T2DM attended per day [mean (SD)]	6.9 (5.1)
Patients with T2DM ≥70 years attended per day [mean (SD)]	3.2 (3.3)

SD, standard deviation. T2DM, type 2 diabetes mellitus

Clinical guidelines followers

Most physicians (62.8%) stated that they follow at least one clinical guideline. The most used are presented in the figure below

Figure 1. Clinical guidelines followed by physicians

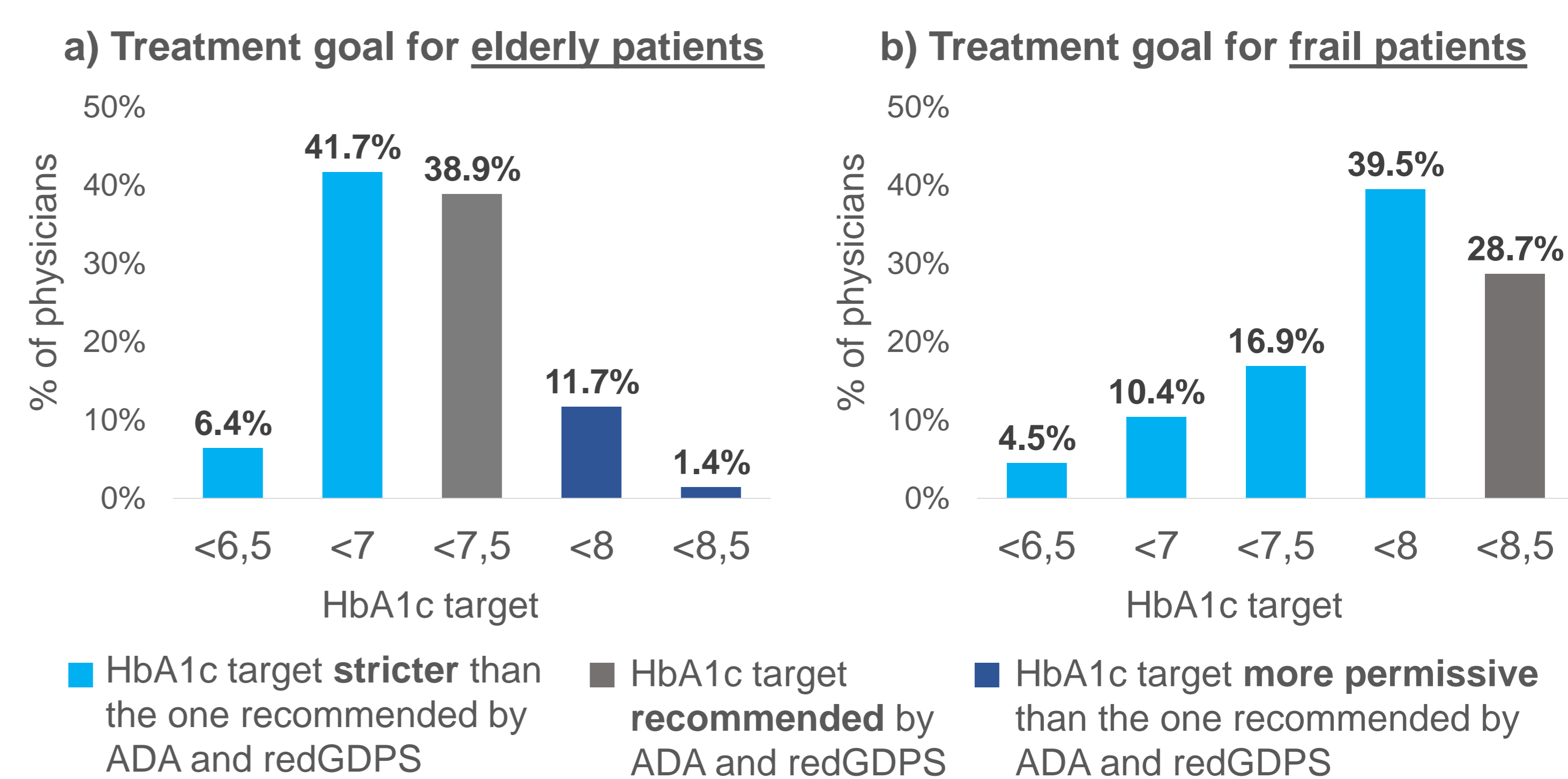


redGDPS, Spanish network of Diabetes in Primary Health Care study Group. ADA, American Diabetes Association. SC-2012 specific redGDPS consensus for managing elderly patients. ESC, European Society of Cardiology. EDWPOP, European Diabetes Working Party for Older People.

Adherence to treatment recommendations

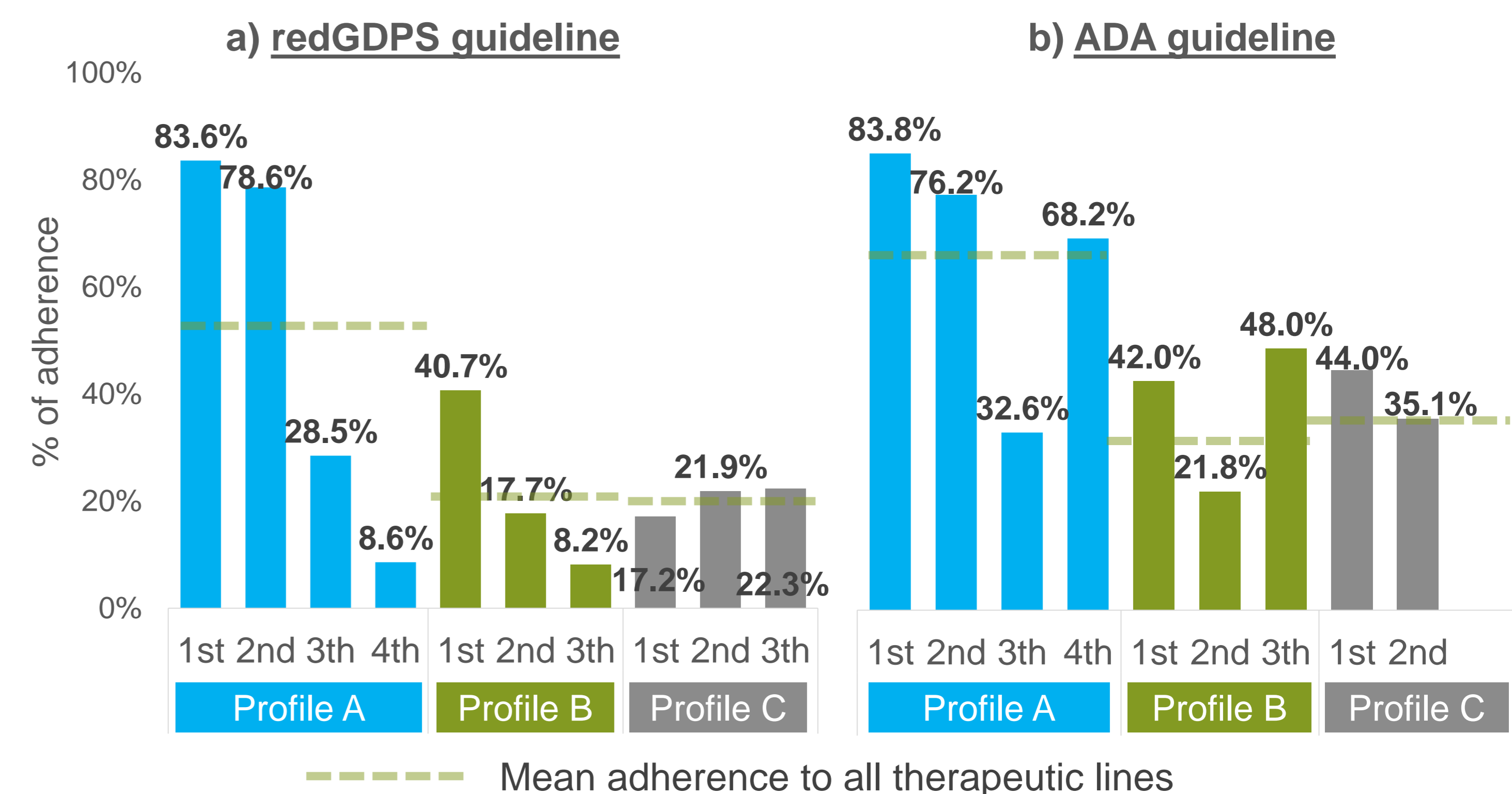
- HbA1c targets:** a low proportion of physicians set the recommended HbA1c targets for elderly (38.9%) and frail patients (28.7%), with a high percentage of physicians setting stricter therapeutic goals (48.1% and 71.3%, respectively).

Figure 2. HbA1c target for elderly and frail patients



- Therapeutic recommendations:** based on physicians' prescription decisions for hypothetical patients' profiles, the adherence observed was generally greater in the first therapeutic line and in healthy elderly patients, decreasing in subsequent therapeutic lines and in patients with complex health conditions. In general, less than 50% of physicians would be adherent to treatment recommendations and up to 46.2% of them would delay insulin therapy initiation.

Figure 3. Adherence to therapeutic recommendations



References

- Abdelhafiz AH, et al. Hypoglycemia in Older People - A Less Well Recognized Risk Factor for Frailty. Aging Dis. 2015;6:156.
- Yakaryılmaz FD, et al. Treatment of type 2 diabetes mellitus in the elderly. World J Diabetes. 2017;8:278

Conclusions

- We observed a low adherence to guidelines recommendations for the care of elderly T2DM patients. This may lead to setting more stringent HbA1c targets and delay treatment intensification. Thus, standardization of care is needed to improve the management of these patients in routine clinical practice.

