



## **Lack of Diabetes Care in Nursing Homes**

**We have guidelines on how to manage diabetes for the outpatient and the hospital patient, but we have no guidelines for treating people in nursing homes and the results of a study showed that only 38 percent are at goal.**

Ohio University College of Osteopathic Medicine researchers find that elderly diabetics in extended-care facilities need improved treatment protocols for diabetes. Current standards of care fail to meet American Diabetes Association standards for outpatient diabetics.

Entitled “Diabetes Care in Extended Care Facilities: Appropriate Intensity of Care?”, a study authored Jay Shubrook, D.O., assistant professor of family medicine at OU-COM; Frank Schwartz, M.D., assistant professor of endocrinology at OU-COM, examined the quality of care that diabetic patients receive in nursing homes through a retrospective chart review of 108 residents at 11 extended health-care facilities in Ohio and West Virginia over a period of one year.

“Our study is based on the principle that there are guidelines on how to manage diabetes for the outpatient adult, and there are new guidelines for how to manage diabetes for patients in the hospital, but there are no guidelines for treating people in nursing homes,” Shubrook said.

According to the study, only 38 percent of the patients monitored (98 percent) met blood glucose (sugar) goals. Only 55 percent of the patients monitored (94 percent) had satisfactory blood pressure levels. Only 31 percent of patients had lipids (serum total cholesterol) checks yearly, with 58 percent having acceptable levels. These three are critical areas that affect life expectancy for diabetics: control of hypertension (elevated blood pressure); cardiovascular risk factors, such as cholesterol; and blood sugar. Since heart disease is a most significant and common complication of diabetes, controlling hypertension and lipids are the number one and two treatment areas for the elderly diabetic. Blood glucose control is third.

Diabetes is expected to increase 336 percent by 2050 and will produce an enormous economic burden according to the study, making nursing home diabetes care a critical avenue to explore. The Centers for Disease Control estimates that one out of three people born in the United States in 2000 will develop the disease in his or her lifetime.

According to Holt, an analysis of the data revealed the lack of a systematic approach to diabetes treatment in the facilities studied. The findings demonstrated that practice guidelines for this population must be developed in order to offer optimal care standards to nursing home residents.

Research released by the American Association of Clinical Endocrinologists indicates that three out of five people with type 2 diabetes have at least one other serious health problem related to their

disease. These problems can be heart disease, diabetic retinopathy, kidney disease and foot problems.

Based on their findings, Shubrook and Schwartz are now developing treatment protocols for diabetes in nursing homes. These will be offered to medical directors of these facilities in order to improve the quality and consistency of patient care.

“Some things are done extremely well in nursing homes — for instance, foot exams and influenza vaccinations,” Shubrook said. “Others are not done as well.”

Phase two of the study, which gets underway later this year, includes a second review of patients’ charts to determine if following the treatment protocols proposed by Shubrook and Schwartz results in quality of life changes for the residents.

It is only a matter of time before we see a major increase in diabetes in nursing homes.

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