

Editorial

Management of Diabetes in Unique Populations

Diabetes affects 30 million people in the United States; unfortunately it disproportionately affects certain populations including minorities [1] and those with mental illness [2]. As a result, the focus of diabetes management has shifted to becoming patient-centered, rather than one-size-fits-all approach [3]. In this issue of Current Diabetes Reviews, we review the management of diabetes in several unique populations including: the overweight/obese, those who are mentally ill, minorities, the elderly, and those who are hospitalized.

Rates of diabetes have become increasingly high due to the increasing rates of obesity in this country. Nearly 30% of the United States population is obese [4]. Drs. Maria Pena and Trisha Newaz discuss pharmacological and bariatric surgery weight loss options for those with both diabetes and obesity. In addition they detail the post-operative diabetes care for those who have undergone bariatric surgeries.

Unfortunately persons with mental illness are pre-disposed to having co-morbid obesity due to several psychosocial factors such as: sedentary lifestyle, the use weight gaining psychiatric medications, and poor diet [5, 6]. As a result, there was the creation of a position statement in 2004 on screening for metabolic syndrome screening by organizations including the American Diabetes Association and American Psychiatric Association [7]. Dr. Jeffrey Rado explores the predisposition to metabolic syndrome for those with schizophrenia. He also discusses the management of those with both schizophrenia and diabetes. In discussing mental illness and diabetes, it would be remiss to avoid the discussion of diabetes and suicide. Suicide is the tenth lead cause of death in the US population and the second leading cause of death for those aged 10-34 [8]. The rates are higher in those with mood disorders, substance abuse and/or chronic medical conditions such as diabetes [8, 9]. Oral diabetes agents and/or insulin have been used in non-fatal as well as fatal overdoses. Drs. Alyson Myers and Madhuker Trivedi review case reports in the literature and provide a discussion on how to manage these patients.

In addition to the obese and mentally ill, diabetes also disproportionately affects Native Americans, Asians, Blacks and Hispanics [10]. The prevalence of diabetes in Blacks is nearly twice as much as whites; while rates for Hispanics (depending on country of origin) lie somewhere in the middle [11]. Native Americans and Asians can have even higher rates. Unfortunately those from disparity populations often have greater rates of complications, hospitalizations and mortality [12]. Drs. Maya Fayman and Sonya Haw address the ramifications of the increased rates of diabetes in minority populations, as well as health care disparities.

As the population gets older [13], the rate of diabetes has been increasing. Elderly patients are a unique population as they often have problems with polypharmacy and worsening renal function, thus they have an increased risk of hypoglycemia [14]. As a result, the use of sulfonylureas and insulin should be limited and glycemic control targets should be adjusted. Geriatrician Dr. Nana Yaw tackles these issues in his discussion of diabetes and the elderly. The aging American population also requires more acute care [15], thus NP Patricia Garnica focuses on the transitions of care in persons with diabetes between the inpatient and outpatient settings.

Contemporary diabetes care has evolved as technology and therapeutics have improved. Glycemic targets have also evolved into a patient-specific treatment plan. Age, co-morbid conditions and patient goals are some of the factors that come into play when managing this chronic illness.

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