



台灣老年學暨老年醫學會

TAIWAN ASSOCIATION OF GERONTOLOGY AND GERIATRICS

第十一屆第一次
年會暨學術研討會論文摘要

日期 | 一〇一年六月十七日 · 時間 | 上午 8:00 - 下午 5:10

地點 | 台大醫學院101.102.103講堂 · 住址 | 台北市仁愛路一段一號



會場：103 講堂

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EXTREMES OF BODY MASS INDEX INCREASE
HOSPITALIZATION RISK IN OLDER PATIENTS WITH
TYPE 2 DIABETES IN NATIONAL DIABETES CASE
MANAGEMENT PROGRAM

極端的身體質量指標增加糖尿病老人的住院風險

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Background: Obesity is known to be associated with increased adverse outcomes in general population. The relationship between obesity and adverse outcomes found in the general population has seldom been evaluated in older persons with type 2 diabetes, we explored the association between body mass index (BMI) and hospitalization risk.

Methods: We conducted a retrospective cohort study on 22,023 older persons with type 2 diabetes, who participated in the National Diabetes Case Management Program, Taiwan. BMI at baseline and hospitalization events over the subsequent 12 months were analyzed and Cox's proportional hazard models were constructed to adjust for age, gender, smoking, alcohol consumption, duration of diabetes medication, oral hypoglycemic drug, insulin injection, hypertension, antihypertensive treatment, obesity, and hyperlipidemia.

Results: Patients were grouped in quintile of BMI. The one-year hospitalization cases for all causes, diabetes, respiratory failure, shock, and renal failure were 5,947, 1,149, 341, 178, and 144 in the study population, respectively. After multivariate adjustment, lowers and higher levels of BMI were independently associated with all-cause hospitalization. We observed a U-shaped association between BMI and all-cause hospitalization. The hazard ratios (HRs) of all-cause hospitalization, for 1st (<22.31), 2nd (22.31-24.09), 4th (25.71-27.89), and 5th (\geq 27.89) quartiles versus 3rd quartile (24.09-25.71) of BMI were 1.26 (1.17-1.37), 1.10 (1.02-1.20), 1.12 (1.01-1.24) and 1.16 (1.01-1.34), respectively. We also observed lowest quartile increased risk of hospitalization for respiratory failure, shock or renal failure. The HR for 1st quartile versus 3rd quartile of BMI was 1.83 (1.40-2.40). However, we did not observe higher

level of BMI increased hospitalization risk due to respiratory failure, shock, or renal failure.

Conclusions –BMI and all-cause hospitalization had a U-shaped association among older patients with type 2 diabetes, and the lowest level of BMI was associated with an increased risk of hospitalization due to respiratory failure, shock, or renal failure in older patients with type 2 diabetic. Our finding shows that extremes of BMI increase hospitalization risk in older patients with type 2 diabetes.