PREVALENCE OF ANTI-DIBETIC MEDICATION IN **ELDERS WITH TYPE 2 DIABETES IN TAIWAN:** TAIWAN DIABETES STUDY

探討全國糖尿病老人使用降血糖藥的情形

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Background: The prevalence of anti-diabetic medication in elders with type 2 diabetes in Taiwan is seldom reported. Accordingly, we reported this prevalence in elders with type 2 diabetes who participated in the National Diabetes Case Management Program (NDCMP) in 2001-2004.

Methods: We conducted a cross-sectional study on 17,723 elders with type 2 diabetes, who participated in the NDCMP, Taiwan. We identified outpatient prescriptions within one-year of their enrollment to define their anti-diabetic drug use. An elder was defined as a user of an anti-diabetic drug if his/her number of prescription days for this specific anti-diabetic drug is greater than 90 days. Under this definition, an elder may have more than one anti-diabetic drug.

Results: The use of anti-diabetic drug of elders with type 2 diabetes were classified into 14 categories: no medication, metformin monotherapy, sulfonylurea monotherapy, oral anti-diabetic drug (OAD) monotherapy other than metformin or sulfonylurea (OAD-other), metformin plus sulfonylurea, metformin plus other OAD, sulfonylurea plus other OAD, two OAD-other combination, three OAD combination, more than three OAD combination, insulin only, insulin with OAD monotherapy, insulin with two or more OADs, and OAD use less than 90 days, the prevalence rates were 4.14%, 8.9%, 14.83%, 1.78%, 30.77%, 2.50%, 3.13%, 0.34%, 10.78%, 1,66%, 3.93%, 2.4%, 3.39%, and 11.86%. Compared with those with diabetes aged younger than 65 years, elders with type 2 diabetes were associated with lower proportions of three or more OAD combination, and OAD use less than 90 days (p<0.001). The prevalence of anti-diabetic medication in elders significantly varied according to gender (p<0.05).

Conclusions: We found elders with type 2 diabetes were associated with less complex anti-diabetic therapy use. Future studies are needed to evaluate whether various anti-diabetic therapy use is associated with to clinical outcomes.

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