Most Diabetics Over 55 Should Get ACEIs or ARBs

BY MARY ANN MOON
Contributing Writer

Most, if not all, elderly people with diabetes have at least one indication for ACE inhibitors or angiotensin receptor blockers, but only about 40% are receiving the drugs, according to a national survey.

"Given that indications for ACE/ARB therapy are so prevalent in this population, it may be time to simplify our treatment algorithms by expanding indications …to include all older individuals with diabetes regardless of their measured risk factors," said Dr. Allison B. Rosen of the University of Michigan Health Systems, Ann Arbor.

Dr. Rosen analyzed data from 4 years of the National Health and Nutrition Examination Survey to calculate the proportion of older diabetic patients with clinical indications for ACE inhibitors or ARBs. Her study sample included 742 respondents who represented over 8 million Americans aged 55 years or older who have diabetes.

A total of 92% of the respondents had at least one indication besides diabetes for the medications, according to several sets of guidelines. These indications included albuminuria, cardiovascular disease, congestive heart failure, and hypertension.

Two other risk factors—hyperlipidemia and smoking—are listed as indications on some guidelines, and patients with these risk factors are believed to benefit from ACE inhibitor or ARB therapy. When these indications were added to the list, 100% of the respondents had at least one indication for the medications, Dr. Rosen said.

Yet despite this "nearly universal" indication for treatment, only 43% of the respondents were taking an ACE inhibitor or an ARB, she said (J. Gen. Intern. Med. 2006;DOI:10.1111/j.1525-1497.2006.00351.x).

Of particular note, 53% of those with diabetes and four or more additional indications were taking the drugs, a "disturbingly low" rate for such high-risk patients. The likelihood that these clearly needy patients would actually be receiving appropriate medication "was not much higher than the toss of a coin," she commented.

Moreover, patients with albuminuria and preexisting cardiovascular disease, two key indications that should invariably prompt a physician to prescribe ACE inhibitors or ARBs, had the same low rate of use as patients who didn't have these crucial risk factors.

Dr. Rosen described her study as "the first nationally representative study to ask what proportion of older patients with diabetes would benefit from renin-angiotensin system blockade." ■

β-Blockers and Thiazides Linked To Type 2 Risk

Both thiazide diuretics and β-blockers taken to treat hypertension appear to raise the risk of type 2 diabetes, reported Dr. Eric N. Taylor of Harvard Medical School, Boston, and his associates.

The researchers used data from three large cohort studies to determine whether various antihypertensive agents were associated with incident cases of type 2 diabetes. They analyzed data on more than 14,000 younger women (aged 25-42 at baseline) in the Nurses' Health Study II, more than 41,000 older women (aged 30-55 years at baseline) in the Nurses' Health Study I, and more than 19,000 men (aged 40-75 years at baseline) in the Health Professionals Follow-Up Study.

All the subjects were taking medication for hypertension. During follow-ups of 10 years (NHS II participants), 8 years (NHS I participants), and 16 years (HPFS participants), 3,589 developed type 2 diabetes.

The use of thiazide diuretics significantly raised the risk of incident diabetes in all three cohorts. The use of β-blockers was not assessed separately from other antihypertensives in the younger women, but it significantly raised the risk of incident diabetes in the older women and in the men, Dr. Taylor and his associates wrote (Diabetes Care 2006;29:1065-70).

There was no link between the use of calcium channel blockers or other antihypertensive medications and diabetes risks. The results suggest that patients whose hypertension is treated with thiazide diuretics or β-blockers "merit increased surveillance for diabetes," the investigators said.

—Mary Ann Moon