

Comparison of Age of Onset and Frequency of Diabetic Complications in the Very Elderly Patients with Type 2 Diabetes (*Endocrinol Metab* 2016;31:416-23, Bong-Ki Lee et al.)

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The aging of the overall population is a significant driver of the diabetes epidemic.

The highest prevalence of type 2 diabetes mellitus (DM) is among people over 65 years of age. Despite having the highest prevalence of DM, older persons have often been excluded from randomized controlled trials of treatments for DM and its complications [1]. The heterogeneity of the health status of older patients and lack of evidence from clinical trials are challenges to determining standard intervention strategies suitable for elderly adults. In this issue of *Endocrinology and Metabolism*, Lee et al. [2] reported the clinical characteristics of type 2 diabetes in patients aged over 80 years according to age of onset. They defined elderly-onset diabetes as patients diagnosed at age ≥ 65 years. They suggested that elderly-onset diabetes, especially with no complications, still needed strict glucose control because of their long life expectancy and their high risk of retinopathy according to the disease duration and sequelae seen in middle age-onset diabetes [2]. Older adults with DM are at substantial risk for both acute and chronic microvascular and cardiovascular complications of the disease. Diabetic peripheral neuropathy (DPN) has not been reported in this paper [2]. Dia-

betic related complications including DPN and retinopathy increase an individual's risk of falling [3]. Patients with DPN present with impaired peripheral sensation and proprioception. Increased postural sway in static standing has been demonstrated in the type 2 DM patients with DPN [3]. Falls-related hospital admissions are a financial burden to the health system in elderly patients because of the high level of care required. Elderly patients with DM may need reasonably tightened glycemic control because they have a much longer lifespan; thereby, more chances to develop diabetic complications during late lifetime. The Korean Diabetes Association goals for glycemic control do not differ according to the age of the patients [4]. Factors such as vulnerability to hypoglycemia, ability to self-manage, the presence of comorbidities, cognitive status, and life expectancy must be considered [1].

CONFLICTS OF INTEREST

No potential conflict of interest relevant to this article was reported.

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