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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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We would like to thank Professor Kim for reading our manuscript and for providing insightful comments on our study.

In our study, which was published in volume 31, issue 3 of *Endocrinology and Metabolism*, we reported that patients with elderly-onset diabetes (onset at ≥65 years of age) had a significantly lower frequency of diabetic retinopathy and nephropathy and similar coronary revascularization and cerebral infarction rates compared to those with middle-age-onset diabetes, but a cumulative rapid increase in the incidence of retinopathy was observed according to the duration of diabetes both in elderly-onset diabetes and middle-age-onset diabetes [1]. We recommended that individuals with elderly-onset diabetes, especially those without any complications, may require stricter glucose control because of their longer lifespan.

Although the prevalence of diabetes in older people with a longer lifespan is rapidly increasing, few studies have dealt with elderly-onset diabetes and complications in that age group, as suggested by Professor Kim. It is well known that patients with diabetic polyneuropathy (DPN) and retinopathy are at a high risk of postural instability, resulting in falls and fall-related life-threatening consequences, especially in the elderly [2,3].

The clinical diagnosis of diabetic neuropathy is often difficult in elderly patients because the reference values of diagnostic tests are markedly influenced by age, and elderly patients have combined comorbidities and age-related changes, making it difficult to clarify the relationship between symptoms and neuropathy and the relationship between neuropathy and diabetes mellitus [4]. In our study, we did not evaluate the presence of DPN because it is not easy to validate DPN using standard methods in the elderly, and many diagnostic tests for DPN were missing. However, the rate of medication relating to DPN treatment in our study patients overall was 19.0% (data not shown in the original paper), and we consider the prevalence of DPN in our study group to be underevaluated.

DPN is associated with a high risk of foot complications and falls, and these risks increase markedly with aging. The treatment of DPN consists of achieving better glycemic control and symptomatic treatment related to neuropathy. The clinical complications of diabetic neuropathy in the elderly are often severe but neglected. Early detection and stricter glycemic control are required, since at the present time a preventive approach is the most effective way to avoid or delay debilitating complications in elderly diabetic patients.

We would like to again thank Professor Kim for the insightful and comprehensive review of our manuscript.

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CONFLICTS OF INTEREST

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

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