Malnutrition and dependence among insulin-dependent type 2 diabetic older adults

F. Zaouali
N. Lassoued
A. Sondess, W. Alaya
M.H. Sfar

University hospital of Mahdia, Endocrinology department, Mahdia, Tunisia

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ABSTRACT

Introduction: The Middle East and North Africa region has the second highest prevalence of diabetes among the elderly with (24.2%). This prevalence is about 36.9% in Tunisia. The objective of our study is to screen for the risk of malnutrition and dependence among insulin-dependent type 2 diabetic older adults.

Methods and materials: A cross-sectional study on type 2 diabetic insulin dependent elderly recruited from the outpatient endocrinology consultation during June and July 2021. We applied the geriatric assessment scores: the KATZ scale, the Lawton scale and the Mini Nutritional Assessment (MNA).

Results: 86 patients were included whose median age was 69 years with an interquartile range of 7 and extremes ranging from 65 to 96 years (mean age of 70.65 ± 6 years). The most represented age group was that of 65 to 95 years with a number of 72 patients (83.7%). Sex ratio was 0.8. Eighty patients lived with their families (93%) and six patients lived alone (7%). The median number of drugs taken by our patients was 7 with an interquartile range of 2.9. Fifty-nine patients were on human insulin (86.6%). The median of the KATZ scale was 6 with an interquartile range of 0.62. Sixty-four patients were autonomous in basic activities of daily living (74.4%) and twenty-two were probably dependent (25.6%). The median of the Lawton scale was 5 with an interquartile range of 3. Fifty-three patients were autonomous in instrumental activities of daily living (61.6%) and thirty-three were probably dependent (38.4%). The mean MNA was 22.3 ± 4.6. Nutritional status was satisfactory in 50% of our patients (n=43). Thirty had a probable risk of malnutrition (34.9%). Thirteen were probably in poor nutritional status (15.1%).

Conclusion: The management of elderly insulin-requiring type 2 diabetics should be comprehensive and should take into consideration their geriatric particularities and heterogeneity.