

Duration of diabetes history tied to higher short-term mortality risk

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In older adults, long-standing diabetes has a substantial and independent

effect on short-term mortality, according to a study published online Nov. 27 in *Diabetes Care*.

Olive Tang, from the Johns Hopkins Bloomberg School of Public Health in Baltimore, and colleagues used data from 5,791 older adults (ages 66 to 90 years; 58 percent female; median 5.6 years of follow-up) participating in the Atherosclerosis Risk in Communities Study (2011 to 2013) to assess short-term all-cause and cardiovascular [mortality](#) risk associated with hyperglycemia in older age.

The researchers found that 24 percent of participants had prevalent cardiovascular disease. All-cause mortality rates were 21.2 per 1,000 person-years among those without [diabetes](#), 23.7 for those with prediabetes, 33.8 among those with recently diagnosed diabetes, 29.6 for those with diabetes of short duration, and 48.6 for those with long-standing diabetes. Cardiovascular mortality rates were 5.8 per 1,000 person-years among those without diabetes, 6.6 for those with prediabetes, 11.5 among those with recently diagnosed diabetes, 8.2 for those with diabetes of short duration, and 17.3 for those with long-standing diabetes. Prediabetes and newly diagnosed diabetes were not significantly associated with a higher risk for all-cause mortality or cardiovascular mortality after adjustment for other cardiovascular risk factors. The investigators noted that excess mortality risk was primarily concentrated among participants with long-standing diabetes.

"Our results confirm that diabetes [duration](#) is important to consider in the care of older adults with diabetes and support focusing on lifestyle factors and cardiovascular risk management (such as smoking cessation or cholesterol control) to prevent diabetes and reduce mortality in [older adults](#) with prediabetes," the authors write.

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