





## High Emergency Department Users: Older Adults with Diabetes and Prescription Medications | Ontario

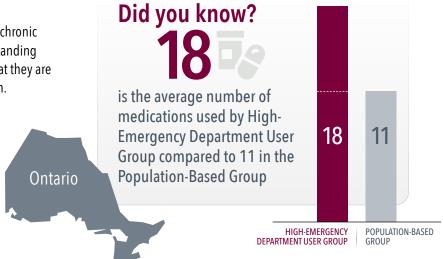


Older adults with diabetes frequently have at least one more chronic condition and are likely to use multiple medications. Understanding what medications are being used is important to ensuring that they are being used to maximize benefit and minimize potential harm.

## **Key Features of this Study:**

Using health data from Ontario, two groups were identified:

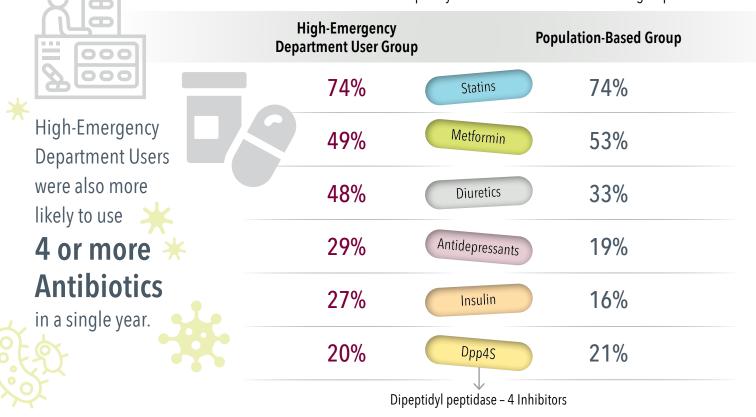
- 1) High-Emergency Department User Group: Those in the top 10% for number of emergency department visits within a year.
- **2) Population-Based Group:** A random sample of community-living older adults living with diabetes.



The High-Emergency Department User Group and the Population-Based Group

were compared on the prescription medications they used.

Shown below is the frequency of selected medications for each group.



## **Key Messages: Implications for Clinical Practice and Policy Considerations**

- The use of several medications, known as polypharmacy, was common among older adults with diabetes and included both medications for diabetes and other conditions.
- Regular and thorough medication reviews should be provided to older adults with diabetes to ensure that they are receiving the right medications for their needs and that potential drug interactions have been considered.

A comprehensive long-term strategy needs to be developed that focuses on all of these factors.

This infographic was developed on behalf of the ACHRU-CPP Research Team in collaboration with Lynne Mansell (patient/caregiver public partner) and Paige Blainey (ACHRU trainee). References available upon request. | achru.mcmaster.ca

This work is supported by the Canadian Institutes of Health Research SPOR Primary and Integrated Health Care Innovations Network: Programmatic Grants (Funding Reference Number: KPG-156883) in partnership with: Diabetes Action Canada, a Canadian Institutes of Health Research (CIHR) Strategy for Patient-Oriented Research Network in Chronic Disease and McMaster Institute for Research on Aging.





