

Early hospital intervention for diabetes improves outcomes

4 April 2019



Incidence of adverse glycaemic days (AGDs) decreased by 24 percent in the intervention arm compared with no change in the control arm at the cluster level. At the individual level, the adjusted number of AGDs per person decreased from a mean of 1.4 days to one day in the intervention arm but did not change in the control arm. Further, there was a reduction in overt hyperglycemia and [hospital-acquired infections](#) (odds ratio, 0.2) with [early intervention](#).

"With the increasing prevalence of diabetes and complexity of hospital care, hospital clinicians should concentrate on early identification and management to improve the care of people with diabetes," the authors write.

More information: [Abstract/Full Text](#) ([subscription or payment may be required](#))

(HealthDay)—Early intervention for patients with diabetes in the hospital decreases hyperglycemia and hospital-acquired infections, according to a study published online March 28 in *Diabetes Care*.

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Mervyn Kyi, M.B.B.S., from the Royal Melbourne Hospital in Australia, and colleagues evaluated a proactive or early [intervention](#) model of care versus usual care (a referral-based consultation service). The intervention model involved an inpatient [diabetes](#) team that electronically identifies individuals with diabetes and aims to provide bedside management within 24 hours of admission. All eight wards had a 10-week baseline period of usual care followed by a 12-week active period in which clusters were randomly assigned to early intervention or usual care.

Among 1,002 consecutive adult inpatients with diabetes or new hyperglycemia, more patients received specialist diabetes management (92 versus 15 percent) and new insulin treatment (57 versus 34 percent) with early intervention.

APA citation: Early hospital intervention for diabetes improves outcomes (2019, April 4) retrieved 27 April 2021 from <https://medicalxpress.com/news/2019-04-early-hospital-intervention-diabetes-outcomes.html>

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