



Do Long-Term Consequences of Type 2 Diabetes Enhance Older People' Propensity to Geriatric Syndromes

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INTRODUCTION

One of the most prevalent chronic illnesses affecting the elderly is type diabetes. It is believed that senior people's quality of life would be significantly impacted by type 2 diabetes' long-term problems. Geriatric disorders, particularly the frailty syndrome, may also be linked to diabetes problems. In this study, we sought to assess how frailty and other geriatric syndromes were affected by the macrovascular and microvascular consequences of diabetes. In addition, the influence of these issues on quality of life was also examined. Materials and Procedures Over four months, we performed a cross-sectional research. In all patients, thorough geriatric assessment exams were performed. The frailty syndrome was assessed using the Fried frailty index. Mini nutritional tests were used to evaluate malnutrition.

DESCRIPTION

Older diabetes patients are followed up on differently than younger ones. This discrepancy is mostly caused by the existence of comorbidities, geriatric syndromes, and the significance of hypoglycaemia. Diabetes is complicated in many ways. It is well established that acute metabolic consequences such diabetic ketoacidosis, hyperosmolar coma, and hypoglycaemia are linked to death. Mortality is also linked to microvascular and macrovascular problems brought on by vascular damage from hyperglycaemia. Microvascular disease is the term used to describe issues brought on by long-term hyperglycaemia, whereas macrovascular disease is used to describe complications brought on by damage to the major arteries. Microvascular complications of diabetes include retinopathy, nephropathy [1].

P-values or lower were regarded as significant for the findings. The Statistical Software version was used to carry out all of the analyses that were presented. This study only allowed voluntary, anonymous participation. The study protocol was approved by the Medical University of Silesia's regional bioethics committee. The protocol followed the most recent iteration of the Helsinki Convention when it was created for the study Increased complications, such as lead dislodgements, are linked to increased

use of numerous studies conducted evaluated the risk factors for lead dislodgements.

For instance, A demonstrated that the position of the atrial lead is a distinct risk factor for lead dislodgement. Additionally, the authors claim that the likelihood of lead failure increases with age at implantation]. A study of implanted leads by Ghani et al. revealed that right atrial and lead dislodgements are more common than right ventricular lead dislodgements. Additionally, they note that compared to single-chamber, lead dislodgements were more frequently seen in resynchronization systems with and dual-chamber cardioverter-defibrillators. According to the most additionally, it has recently been demonstrated that older people who also have cardiac arrhythmias have higher frailty syndrome scores [2].

Therefore, by calculating the degree of frailty, our results demonstrated the risk of early lead dislodgment. Assessing frailty may be a crucial component of choosing elderly patients who are suitable candidates for procedures. This might aid in avoiding further issues and enhancing clinical results. Additionally, the findings of our study offer guidance for conducting better and quicker follow-ups after implantation, particularly in patients with high frailty rates. Additionally, studies demonstrate that the high risk of perforation, particularly in the apex of the right ventricle and during implantation, makes it necessary to avoid the improper lead position [3-5].

CONCLUSION

In the older age range, diabetes and its consequences are more prevalent. According to studies, these factors make geriatric disorders more common. Geriatric syndromes will become less common with proper blood glucose control and diabetes patient problems avoidance. It would also be helpful to do prospective studies to see how well-managed diabetes affects geriatric syndromes. Contributions of Authors. Atrial lead dislodgement was the most typical dislodgement seen in the slightly more than procedures carried out over the previous years. We also note that lead dislodgment is a common occurrence in elderly people. Frailty is a predictor of early lead dislodgment in both men and

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women. In order to enable high clinical and procedural success, our findings suggest that estimation of the prevalence of frailty could be incorporated into routine management. The study's primary drawbacks were its single centre and observational design. Regarding implantation methods that cause lead dislodgements, no data were gathered. Furthermore, the regression models do not make adjustments for variables other than sex and age.

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CONFLICT OF INTEREST

None.

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