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CARDI•OH
Ohio Cardiovascular and Diabetes Health Collaborative

Cardi-OH Update

The Ohio Cardiovascular & Diabetes Health Collaborative (Cardi-OH) is a statewide initiative of health care professionals who share knowledge to improve Medicaid patient outcomes and eliminate health disparities across Ohio.

Tune in to Cardi-OH Radio

Podcast 24 - Bridging the Digital Divide in Health Care

Check out the latest podcast featuring Amy Sheon, PhD, MPH, of Case Western Reserve University School of Medicine and Public Health Innovators, LLC, and Autumn Glover, MCRP, MPA, of OhioHealth.

Want to be the first to know when a podcast is released? [Subscribe to our channel.](#)

**Cardi-OH
RADIO**

Clinical Pearls for Practice

Utilizing the DEINTENSIFY Strategy to Manage Diabetes in Older Adults

Did You Know?

For older adults with diabetes, deintensification of complex medication regimens is recommended to decrease polypharmacy and hypoglycemia, as long as targets for glycemic control can be met.

Learn about how the DEINTENSIFY (**D**ementia, **E**lderly, **I**mpaired renal function, **N**umerous comorbidities, **T**ight glycemic control, **E**nd of life phase, **N**ursing home residents, **S**ignificant weight loss, **I**nappropriate

Cardi-OH CAPSULE

MAY 2022 - CAPSULE 28
Utilizing the DEINTENSIFY Strategy to Manage Diabetes in Older Adults
Cardi-OH is a statewide collaborative of Ohio health care professionals who share knowledge to improve Medicaid patient outcomes and eliminate health disparities across Ohio.

The goals of diabetes treatment are three-fold: prevent symptoms of hyperglycemia, prevent short-term complications, such as hypoglycemia, and prevent the progression of long-term complications. For older adults with diabetes, deintensification of complex regimens is recommended to decrease polypharmacy and hypoglycemia, as long as targets for glycemic control can be met.¹ Deintensification, or deprescribing, is the process of simplifying, reducing, or withdrawing medications.² Older adults with few comorbidities and intact cognitive function with a longer life expectancy may have A1C goals of 7% to 7.5%; those with multiple chronic illnesses facing high treatment burden or cognitive impairment may have an A1C goal of 8%.^{3,4} One approach for identifying older adults appropriate for deintensification based on patient characteristics and comorbidities is the DEINTENSIFY strategy. Illustrated to the right.

Management must be individualized, taking into account individual comorbidities, functional ability, home care situation, life expectancy, culture and health beliefs, and individual health decisions (e.g., quantify versus quality of life, side effects, and risks versus long-term benefits).⁵

For more information, access Cardi-OH's expanded Resource on Management of Diabetes in Older Populations.

Summary of Patient Characteristics to DEINTENSIFY Hypoglycemic Medications

- D**ementia, especially those with significant cognitive impairment
- E**lderly, especially those with age-related frailty
- I**mpaired renal function, especially those with end-stage renal disease
- N**umerous comorbidities, especially those with cardiovascular disease
- T**ight glycemic control, especially those with A1C < 7.0% and/or hypoglycemia
- E**nd of life phase, especially those with advanced illness and/or limited life expectancy
- N**ursing home residents, especially those with frailty and/or cognitive impairment
- S**ignificant weight loss, especially those with unintentional weight loss
- I**nappropriate medication, especially those with polypharmacy and/or drug-drug interactions
- Y**oung of age, especially those with a life expectancy > 10 years

DEINTENSIFY is a mnemonic for the following patient characteristics: Dementia, Elderly, Impaired renal function, Numerous comorbidities, Tight glycemic control, End of life phase, Nursing home residents, Significant weight loss, Inappropriate medication, Young of age.

medications, Frequent hypoglycemia, Years of long diabetes) strategy can be used to identify older adults appropriate for deintensification based on patient characteristics and comorbidities.

News You Can Use

U.S. Adults Experienced Significant Increase in Blood Pressure During COVID-19 Pandemic

Currents provide brief summaries of the latest advances in medicine or clinical practice related to diabetes or hypertension and include links to additional resources.



Register Now!

Fall 2022 TeleECHO Clinic

What's New in Cardiovascular Prevention? A Series of Case-Based Discussions

September 15 - December 8, 2022
Thursdays, 8-9 a.m. ET

Cardi-OH has partnered with Project ECHO® to support primary care providers to safely and effectively treat cardiovascular disease and diabetes. Using simple video conferencing technology and case-based learning, **Cardi-OH ECHO** creates a unique partnership between community health care providers and a team of multidisciplinary specialists from Ohio's leading medical centers.



[View the flyer](#)

May 2022 Webinar

Remote Monitoring for Diabetes: Embracing Technology to Improve Patient Care

Watch the **recording** of the May 25, 2022, webinar featuring:

KEYNOTE SPEAKER

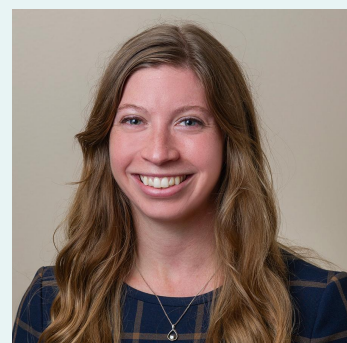
Kathleen Dungan, MD, MPH
Professor and Associate Director of Clinical Services
Division of Endocrinology, Diabetes & Metabolism
The Ohio State University School of Medicine

CLINICAL PRACTICE SPOTLIGHT

Megan Rasch, PharmD, BCACP
Ambulatory Care Pharmacist
Five Rivers Health Centers



Kathleen Dungan, MD, MPH



MODERATOR

Amy Zack, MD

Case Western Reserve University School of Medicine

Megan Rasch, PharmD,

BCACP

The webinar recording, slides, and other clinical resources are available on Cardi-OH.org.

[Watch the video](#)

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Sharing best practices to improve cardiovascular and diabetes health

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