



COMMENT ON PATHAK ET AL.

Severe Hypoglycemia Requiring Medical Intervention in a Large Cohort of Adults With Diabetes Receiving Care in U.S. Integrated Health Care Delivery Systems: 2005–2011. *Diabetes Care* 2016;39:363–370

Diabetes Care 2017;40:e25 | DOI: 10.2337/dc16-0527

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Pathak et al. (1) record severe hypoglycemic events in “emergency department or inpatient medical encounters” and comment that they were “likely to have included some cases . . . that occurred as a consequence of treatment initiated after hospitalization.” The event rates they note are very high compared with reports from studies in ambulatory care. Is it not likely that the majority of events are indeed secondary diagnoses in people attending or in the hospital for another reason, thus also explaining the high rates in association with other medical conditions?

Severe hypoglycemia is defined as that requiring assistance, and nearly all hypoglycemia in the hospital will be in that category due to the control of medications and even food intake by hospital staff (2). Furthermore, coding of hypoglycemia carries incentives in this circumstance for funding, not in the least because

occurrence of hypoglycemia is associated with higher inpatient costs (3). Accordingly, such coding is encouraged and enabled by hospital administrations. Additionally, hypoglycemia in people with diabetes in hospital will be detected by frequent monitoring and is likely to be more frequent in the context of active management of the primary reason for attending hospital.

In all, the authors’ methodology is likely to grossly overstate the finding we should be interested in, namely, severe hypoglycemia as the primary cause of attendance in emergency departments or admission to hospital in an ambulatory population.

Duality of Interest. P.D.H. or institutions with which he is associated receives or has received funding for speaking, advisory, and research ac-

tivities from manufacturers or developers of medications with glucose-lowering effects, including hypoglycemia, namely, Antribio, AstraZeneca, Biocon, Eli Lilly, GlaxoSmithKline, Hanmi, Janssen, Novo Nordisk, Merck, and Sanofi. No other potential conflicts of interest relevant to this article were reported.

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