

# The effect of hard time keeping up deliberation on a period of time spent in diabetic hospitals.

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## Abstract

Although these studies all had relatively small patient populations, a growing number of research suggest that consultations with specialised diabetes teams resulted in a lower LOS among hospitalised diabetic patients. However, the effects of dedicated diabetes teams on readmission rates are less evident. One study in Spain found no difference in readmission rates when a dedicated diabetes team was included in the patients' care. 8 A retrospective study comparing hospitalised patients cared for by a specialised diabetic team to patients only cared for by a main service team found considerably decreased readmission rates. 5 Another retrospective study found that having a consultation with a specialised diabetes team reduced composite morbidity among hospitalised diabetic patients. The goal was to look at a significantly bigger patient group and assess the influence of a diabetology consultation on LOS in diabetic patients admitted to the general medicine service.

**Keywords:** Healthy aging, Diabetes, Hospital admission, Record linkage, Cohort study, socioeconomic status, Health and wellbeing.

## Concept of stress in diabetes

Psychological stress has been identified as a serious contributor to psychosomatic disorders. Stress is defined as "the results of an organism's - human or animal - failure to respond correctly to emotional or physical threats, whether real or imagined." Stress response are often characterised as a cognitive, emotional, physical, or behavioural level that, when activated over an extended period of your time, can have substantial, negative implications on the body. Interestingly, stress has long been suspected of getting a significant impact on the development of diabetes *via* many behavioural and physiological mechanisms. Emotional stress caused by behaviour was linked to harmful lifestyle behaviours like insufficient eating in terms of quality and quantity, insufficient exercise, smoking, and alcohol consumption [1]. The increased prevalence of diabetes and its significant impact on use of health care services, particularly hospitals, is a concern for health planners. This paper explores the risk factors for all-cause hospitalisation and the excess risk due to diabetes in a large sample of older Australians [2]. The study population was 263,482 participants in the 45 and Up Study. The data assessed were linked records of hospital admissions in the 12 months following completion of a baseline questionnaire. All cause and ambulatory care sensitive admission rates and length of stay were examined. The associations between demographic

characteristics, socioeconomic status, lifestyle factors, and health and wellbeing and risk of hospitalisation were explored using Zero Inflated Poisson (ZIP) regression models adjusting for age and gender. The ratios of adjusted relative rates and 95% confidence intervals were calculated to determine the excess risk due to diabetes.

## NSW ministry of health: admitted patient data collection

Under the Australian health care system, hospital services in New South Wales are provided through a mix of publicly and privately funded health services. The NSW Ministry of Health has responsibility for all inpatient services and collates data on admissions into the NSW Admitted Patient Data Collection (APDC). Data were available for 2000–2009. The APDC collates inpatient admissions (discharges, transfers and deaths) from all public, private, and repatriation hospitals, private day procedure centres and public nursing homes in NSW. These data include demographic characteristics, diagnoses, and length of stay for individual episodes of hospitalisation. The diagnoses were coded using International Classification of Disease 10<sup>th</sup> revision-Australian Modification (ICD-10-AM) codes. APDC data were available for this study for 2000–2009 [3]. For these analyses, APDC records were extracted for the 12 months following recruitment for each participant. A large number of factors were associated with a self-

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reported diagnosis of diabetes and with increased risk of hospitalisation in these data [4]. As previously reported, older participants and males in our study were more likely to have a hospital admission recorded independently of diabetes status [5]. Few studies have explored the impact of socioeconomic status or rural residence on admission to hospital.

## Conclusion

The 45 and Up Study is one of the few academic data that investigates the impact of diabetes on hospitalisation in a large non-clinical population. The risk reduction associated with these parameters is most likely owing to the association between diabetes and factors such as age and obesity. The higher risk among individuals with diabetes associated with other traits such as gender and low income is most likely due to their mutually supportive influence on overall health and the way facilities are accessed.

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