

# The association between polypharmacy and its adverse health outcomes in adult patients with type 2 diabetes mellitus: A systematic review and meta-analysis

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## Background

- Type 2 diabetes mellitus (T2DM) remains a significant chronic disease for adults. Nowadays more adults have been diagnosed with T2DM and classified as early-onset patients.
- The age-standardized global T2DM prevalence rate was 5,282 per 100,000 population, with a projected increase to 9.5% by 2050, impacting over 1.27 billion individuals.
- The issue of polypharmacy has garnered increasing attention due to the simultaneous development of new drugs and extended life expectancy.

## Objective

 To present a summary of the research literature on polypharmacy and its association with adverse health outcomes in adult T2DM patients.

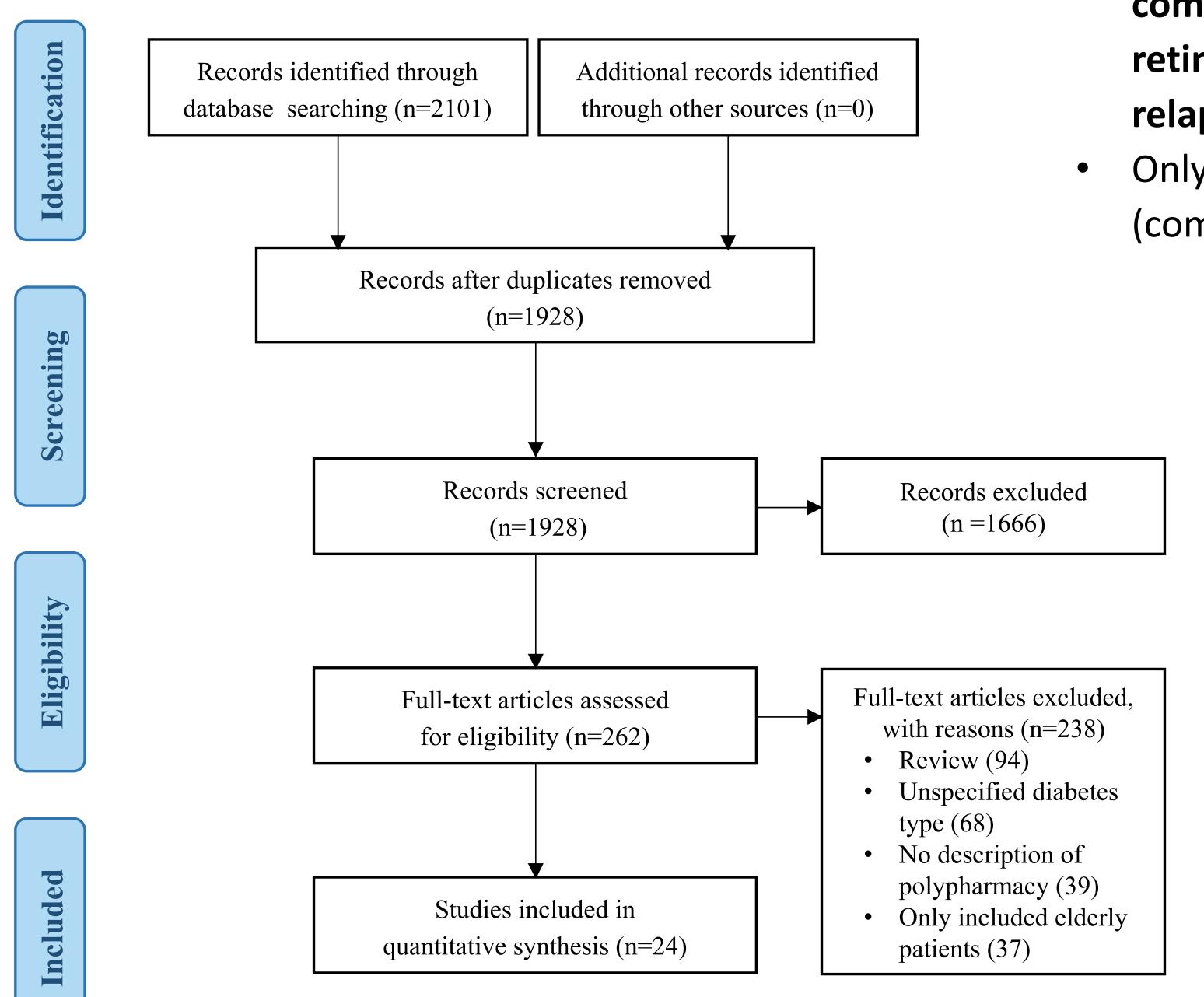
#### Methods

- A systematic review was conducted across three databases (PubMed, Web of Science, and ScienceDirect) through October 2023.
- Studies regarding the relationship between polypharmacy and diabetes-related health outcomes, complications as well as multi-morbidity were included.
- A fixed effects model was applied in the calculation of pooled odds ratios (ORs) and 95% confidence intervals (CIs). I<sup>2</sup> statistics was deployed for assessing heterogeneity.

#### Results

- Among 24 studies that met the inclusion criteria, three were included in the meta-analysis.
- The association between polypharmacy and poor glycemic control was found to be statistically significant (OR=1.84, 95% CI [1.68-2.01], P<0.00001, I<sup>2</sup>=0%).

Figure 1: The PRISMA flow diagram for the included studies



- Polypharmacy (the daily/concurrent use of ≥5 medications or the use of ≥1 oral antidiabetics/oral antidiabetics combined with insulin) was found to be significantly associated with an 84% higher risk of poor glycemic control in T2DM adult patients.
- Included studies also reported the association between polypharmacy and hospitalization, death, hypoglycemia, complications (diabetic foot ulcers, non-proliferative diabetic retinopathy), and multi-morbidity (fracture, falls, depression relapse, health-related quality of life).
- Only insignificant association between stroke and polypharmacy (combined ≥2 types of antidiabetic medications) was reported.

#### Discussion

 The limitations of this meta-analysis revolve around the definition of polypharmacy and the reporting of diabetic complications and comorbid conditions.

## Conclusion

- The current research has revealed a significant association between polypharmacy and several adverse health outcomes in adults with T2DM.
- The evidence underscores the need for greater caution and improved management in drug therapies to mitigate these risks.

Figure 2: Meta-analysis of studies on association between polypharmacy and poor glycemic control

	Case	Contro	ol		Odds Ratio	Odds Ratio
Study or Subgroup	<b>Events Tota</b>	al Events	Total	Weight	M-H, Fixed, 95% CI	M-H, Fixed, 95% CI
Wang Jingqing et al. 2021	3280 559	1 1245	2852	97.3%	1.83 [1.67, 2.01]	
Firehiwot Dawite et al. 2023	34 5	0 122	262	1.8%	2.44 [1.28, 4.63]	
Hasniza Zaman Huri et al. 2015	126 22	6 8	16	0.9%	1.26 [0.46, 3.48]	<del>-   •</del>
Total (95% CI)	586	7 3	3130	100.0%	1.84 [1.68, 2.01]	
Total events	3440	1375				
Heterogeneity: $Chi^2 = 1.28$ , $df = 2$ ( $P = 0.53$ ); $I^2 = 0\%$					0.01 $0.1$ $1$ $10$ $100$	
Test for overall effect: $Z = 13.27$	(P < 0.00001)					Favours [experimental] Favours [control]

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