



RESPONSE TO 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

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In a comment (1) on our article in *Diabetes Care* (2), Dr. Philip Home posits that the association of severe hypoglycemic events with other medical conditions and the use of diagnoses from hospitalized patients could explain the high event rate noted in our study compared with other reports based in the ambulatory care setting. Home correctly notes that use of secondary hypoglycemia diagnoses and diagnoses from inpatient hospital admissions may overestimate the rate of severe hypoglycemia as the primary cause of visits in emergency departments or that result in hospital admission. To clarify, our analyses relied on only primary or principal diagnosis codes. In addition, only 20% of our events included only inpatient diagnosis codes. Although our event rate is higher than those reported in clinical trials (1.4–1.6 events

per 100 person-years (2) vs. 0.3–1.0 events per 100 person-years [3–5]), there are several potential explanations for higher hypoglycemia rates in community settings. We hope further work will develop additional methods for minimizing misclassification in hypoglycemia definitions and will clarify factors that increase hypoglycemia risk in community settings.

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