## Anti-Diabetic Medications' Effect on Outcomes and Glycemic Markers following Total Joint Arthroplasty

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Diabetes is a well-known risk factor for infection following total joint arthroplasty (TJA), but the effect of the various medication classes on improving glycemic control may alter a patient's risk profile after surgery. This study sought to examine the association between anti-diabetic medications, clinical outcomes, and postoperative glycemic markers in diabetic patients following TJA.

## **METHODS:**

We retrospectively reviewed diabetic patients prescribed oral/subcutaneous medication(s) and/or insulin who underwent primary TJA from 2011-2020. Patients were stratified into four cohorts based on medication protocols: metformin only, insulin only, single oral/subcutaneous agent, or those receiving >1 medication. Patient demographics, clinical data, and preoperative/postoperative glycemic markers were collected and compared using ANOVA and chi-squared tests. RESULTS:

A total of 3,122 diabetic total knee arthroplasty (TKA) or total hip arthroplasty (THA) patients with available outcomes data were included in the study. There were no differences in 90-day readmission or revision rates. However, a significant difference in infection rate was noted between cohorts (5.2% vs. 8.7% vs. 8.9% vs. 9.7%; p<0.001), with the metforminonly cohort having the lowest rate of infection and the > 1 medication cohort having the highest rate, despite this group not having the highest HbA1c values at the time of surgery. Preoperative HbA1c (6.46 vs. 7.43 vs. 6.65 vs. 7.04; p<0.001), postoperative HbA1c (6.44 vs. 7.06 vs. 6.58 vs. 7.09; p<0.001), and delta HbA1c (-0.05 vs. 0.18 vs. -0.10 vs. 0.12; p=0.024) statistically differed between groups. Comparing patients taking metformin to those who were not, preoperative (6.62 vs. 6.94; p<0.001), postoperative (6.58 vs. 6.94; p=0.028), and delta HbA1c (-0.01 vs. 0.05; p=0.024) statistically differed.

## **DISCUSSION AND CONCLUSION:**

This study demonstrates that diabetic medication regimen may affect clinical outcomes following TJA and even among groups with similar diabetic control, the addition of metformin may provide superior outcomes. In addition, postoperative improvement in HbA1c may also be influenced by specific medication protocols.

improvement in		HDAIC		may		aiso		be	influence	ea	by	specific		medicatio				
Table Legend:		Table. HbA1c and Fructosamine values stratified by anti-glycemic med						Table. Metformin Cohor	Table. Metformin Cohorts			Table. Adverse Outcomes stratified by anti-glycemi						
-	Cohort 1: metformin on	lv	Preop HbAlc	1 (n=688) 6.4640.8	2 (n=105) 7,4341.3	3 (n=343) 6.65±1.0	4 (n=587) 7.04±1.0	P-Value <0.001*		Metformin Included (n=1766)	No Metformin (n=1356)			Group 1 (n=1265)	Group 2 (n=195)	Group 3 (n=651)	Group 4 (n=1011)	P-Value
	- Cohort 2: insulin only		(within 7 days preep)						Preop HbA1c	6.62±0.9	6.94±1.1	<0.001*	90-day Readmissions – no. (%) Days to Readmission		13 (6.7)	40 (6.1)	54 (5.3) 37.61429.1	0.622
-			Postop HbA1c (3-6	6.44±0.9 7.06±1.4 -0.05±0.7 0.18±1.0 ± 282.42±40.1 312.63±49.8	7.06±1.4	6.58±1.0 -0.10±0.9 292.05±45.6	7.09±1.1 0.12±0.8 309.68±47.3	<0.001* 0.024* <0.001*	Postop HbA1c	6.58±1.0	6.94±1.1	0.028*						
-	Cohort 3: single other (non-metformin) Cohort 4: > 1 anti-diabetic med	0.10.10			Delta HbA1c				-0.01±0.8	0.05±0.9	0.024*	25.08+19.0			0 36.58+29.1			
		312.63+49.8			Preop Fructosamine				288.74+45.2	303.60±45.9	0.941	Revisions - no. (%)	39 (3.1)	8 (4.1)	30 (4.6)	41 (4.1)	0.364	
-	Conort 4: > 1 anti-diabetic med				Postop Fructosamine				278.21±30.0	316.15±56.6	0.002*		505 134692.9	336 504392.0	410.30+442.1	819 10M87 8	0.008*	
			preop)						Delta Fructosamine	-5.81±33.9	2.00458.24	0.083	Infections - no. (%)	66 (5.2)	17 (8.7)	58 (8.9)	98 (9.7)	-0.001*
			Postop Fructosamine (6	273.33+23.8	332.33+63.1	288.71+59.6	305.98+49.3	0.056					micentals - no. (14)	00 (7.2)	17 (4.7)	38 (8.9)	90 (9.7)	-4000
			months postop)															
			Delta Fructosamine	-6.64±22.4	53.33±37.6	-6.78.75±25.2	-4.68±57.3	0.212										