

OP6

Mortality in diabetes: results from a community foot screening programme

Garrow AP; Thekekkara T; Gibbons J; Jude EB

Tameside and Glossop Acute Services NHS Trust, Ashton-under-Lyne, UK

Current management strategies include a range of interventions designed to reduce the excess mortality due to cardiovascular disease in diabetes. In this study, we examined the mortality of patients who attended for a routine foot screening during 2003 and compared the demographic and biochemical characteristics of the patients who died between 2003 and January 2006. 1048 Community patients were screened for risk factors for foot ulcers in a socially deprived area in the North West of England. In addition, the results for HbA1c, total cholesterol and serum creatinine levels, taken within six months of the foot examination date, were extracted from electronic patient records. Patient details were then checked with the local medical records department who discovered that 65/1048 (6.2%) had died since their foot assessment. The following results are from the first 405 patients for whom complete data were available. The mean age of the sample was 63.7 (sd 12.7) years, ~83% had Type 2 diabetes; median duration 4 (range 0-46) years and 50.6% were men. Insensitivity to 10g monofilament was recorded in 3.6%; 9% had lost pinprick sensation; 84% had palpable dorsalis pedis pulses and 10.6% were current smokers. The average baseline HbA1c was the same (7.6%) for both men and women ($p=0.98$). Total cholesterol levels were significantly lower in men (4.5 mmol/l vs. 4.7mmol/l; $p=0.009$) who also had significantly raised serum creatinine levels (99.0 $\mu\text{mol/l}$ vs. 78.5.0 $\mu\text{mol/l}$; $p<0.0001$). The average follow up period was 16 (sd 7.8) months during which 23/405 (5.7%) patients died (men 7.8% vs. women 3.5%; $p=0.06$). The average age at death in men was 72.0 years and 80.6 years in women ($p=0.04$). This compares favourably with whole population life expectancy estimates for England (Men: 76.2; Women: 80.7). Overall, there was no significant difference in HbA1c ($p=0.20$) or total cholesterol ($p=0.30$) but average baseline creatinine levels were considerably higher in men who subsequently died (134.0 $\mu\text{mol/l}$ vs. 96.0 $\mu\text{mol/l}$; $p=0.07$). Current management strategies appear to have contributed to a general increase in life expectancy of people with diabetes in this community. Renal dysfunction may offer an explanation for the remaining excess in mortality in men.