P22

Intensive cardiovascular risk treatment is sub-optimal in patients with diabetic foot ulcers

A. Housley, S. Lo, SM. Rajbhandari
[1]Central Lancashire PCT, [2]Lancashire Teaching Hospital, Lancashire, UK

Background and aims: Diabetic foot ulcer (DFU) patients have high mortality and recent report has shown that this could be reduced by intensive treatment of cardiovascular (CV) risk factors. In our centre we treat all patients for CV risk factors such as lipids, smoking, blood pressure and HbA1c and actively use guardian drugs like statins, anticoagulants (Aspirin or clopidogrel or warfarin) and angiotensin blockers (ACE inhibitors or ARB). The aims were to study if all subjects with DFU received adequate treatment of CV risk factors and to compare if there is any difference in treatment between subjects with and without traditional high CV risks. **Patients and methods:** We retrospectively analysed data on subjects with DFU during 2006 & 2007. Electronic case records were studied and data was collected from pathology database. Traditional High Risk (THR) was defined as the presence or microalbuminuria or renal failure (creatinine >150 μmol/L) or vascular disease (ischaemic heart disease or peripheral vascular disease or cerebrovascular disease). **Results:** 133 cases were identified from the electronic record of which 114 had DFU and were further analysed. Majority (86%) had type 2 diabetes and were males (62.3%) and mean age was 68.7 ($\pm$ 14.3) years. Mean cholesterol was 4.0 ($\pm$1.1) mmol/L of which LDL cholesterol was 1.8 ($\pm$0.8) mmol/L. HbA1c significantly ($p<0.01$) improved with multi-disciplinary intervention reducing from 8.3 $\pm$ 2.0% to 7.9 $\pm$ 2.1%. Statins were prescribed in 79.1% cases, anticoagulants in 82% and angiotensin blockers in 71.8% cases. 89 subjects had high risk either due to renal involvement (n= 60) and/ or previous CV events (n= 65). When subjects with Traditional High Risk (THR) (n=89) were compared with those Without High Risk (WHR) (n=25), there were significantly more patients prescribed statin (83.7% vs 62.5%; $p=<0.05$) and angiotensin blockers (79.1% vs 45.8%; $p < 0.01$) in THR group. There was no difference in prescription of anticoagulants. There was no difference ($p>0.05$) between THR and WHR groups who achieved target of total cholesterol <4 mmol/L (55.6% and 36%), LDL cholesterol <2 (60.2% and 42.9%) and HbA1c <6.5% (28.1% and 37.5%) respectively. **Conclusion:** Our data suggest that intensive treatment of CV risk factors in DFU subjects is sub-optimal despite our effort to address them. Increase awareness of this is needed both amongst patients and health care professionals.