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Abstract Title:

Planning a diabetic secondary prevention programme

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Abstract

Background

According to Eurostat data, the standardized death rate of the Maltese population due to diabetes mellitus, by sex and independent of different ages, is 45.5 deaths per 100000 population. Upon comparison with the EU average i.e. 21.97, the Maltese population appears to be substantially higher. Associated morbidity, especially diabetic complications, are also highly prevalent. Consequently, the effects of introducing a screening prevention program targeting diagnosed diabetic patients might have a positive impact on the quality of life of such patients.

Methods

As a rationale for universal diabetic screening, annual HbA1c, nutrition, podiatry and ophthalmic visits have been included; wherein management of the significant morbidity and mortality associated with this common disease will more likely be managed (Diabetes: A National Public Health Priority | 2016-2020, 2016).

The POYC database of patients on treatment for diabetics was used as a proxy for the diagnosed diabetic population in Malta. Therefore, our dataset of total fully diagnosed diabetic patients is slightly underestimated due to diabetic patients on diet control. Nonetheless, this missed subset of patients is considered at very low risk. Linkage with the mortality register was carried out to make sure the cohort involves living individuals. This dataset achieved throughout the 2016 period was linked to administrative databases from the following sources: Mater Dei Hospital (MDH) outpatients, ophthalmic and podology clinics, LIS pathology databases, PHC centre diabetic clinic codes, Gozo General Hospital (GGH) ophthalmic and podology clinics, and Karen Grech (KRGH) outpatient podology clinics.

Consequently, the number of diabetics who had not accessed any of the recommended service in 2016 was calculated for gap analysis estimation; on which ultimately estimates for resources, consumables and personnel required for the implementation of such program were acquired.

Results

Alas the gap identified was substantially large. Just over 8000 out of 31185 patients on the POYC database did not have an HbA1c assessment during 2016, over 18000 did not have a podiatric



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assessment of their feet, and over 23000 did not have an ophthalmic review during the same period. Even amongst diabetics on insulin therapy, a substantial proportion did not have these checks.

Conclusions

Our diabetic population is not being followed up as recommended by the Diabetes Strategy. Solutions may have to be sought to increase participation of these patients in such preventive care. Further research should explore inequalities among diabetic patients.

messages

Better community care for diabetics is needed.

Diabetic complications cost lives and money