

DIABETIC Medicine

March 2014

Volume 31

Supplement 1

Abstracts of the Diabetes UK Professional Conference 2014
Arena and Convention Centre
Liverpool, UK
5–7 March 2014

Kindly supported by



The Apis Bull is a registered trademark of Novo Nordisk A/S.

Novo Nordisk Ltd has supported the cost of producing Diabetic Medicine.

Novo Nordisk Ltd is not responsible for the structure or content.

MENU

Table of contents

Author index

Text search

Clinical care and other categories posters: structure/ systems of care and healthcare delivery

P460

People with common mental health problems and diabetes receive better surveillance of diabetes related conditions and equal surveillance of their diabetes in primary care

AP McGovern, N Munro, T Chan, S Jones and S De Lusignan

Department of Healthcare Management and Policy, University of Surrey, Guildford, UK

Aims: People with mental health illness are less likely to engage with healthcare services. Pay-for-performance diabetes targets in the UK should minimise the impact of this effect on diabetes management. Here we report the impact of psychiatric conditions on failure to receive regular check-ups for diabetes and related conditions.

Methods: A cohort of people with diabetes (N = 35,502) from the Quality Intervention in Chronic Kidney Disease (QICKD) trial was followed up, over a period of 2.5 years, using routinely collected primary care data. A logistic regression analysis was performed to identify the impact of mental health on the proportion of patients receiving HbA1c, cholesterol, renal function and monofilament foot checks. Demographic factors, comorbidities and variability between primary care practices were adjusted for.

Results: In the cohort studied, 2,042 (5.8%) people had a recognised affective disorder and 122 (0.3%) a recognised psychotic disorder. People with affective disorders were slightly more likely to have cholesterol measurements (odds ratio 1.36, 95% CI 1.08–1.70) and renal function checks (odds ratio 1.37, 95% CI 1.16–1.63). No association was found between psychotic disorders and cholesterol measurement or renal function checks. No association was found between mental health illness and HbA1c and monofilament foot checks.

Conclusions: The presence of recognised psychiatric illness was found to have no negative effect on the rates of assessment of diabetes and improved surveillance of renal function and cholesterol in those with affective disorders.