

## THE KEY TO SURVIVING A LOWER EXTREMITY AMPUTATION IS PREVENTING IT!

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### BLINDED VERSION

**Purpose:** Lower extremity amputations (LEAs) result from vascular complications related to diabetes. Time from first LEA to death (survival) among adults ( $\geq 20$ yr) with type 1 (T1D) and type 2 diabetes (T2D) was examined.

**Methods:** Records from the provincial diabetes registry were linked at the person-level with administrative health data for 1996/97-2012/13.

**Results:** Over 1,250 individuals had  $\geq 1$  LEAs in the period (Male=69%; Female=31%). LEA procedures for the first admission in the period were most often at the level of the toe/foot/ankle (52%); followed by below knee (26%), and knee and above (22%). Individuals with T1D were 13 years younger than those with T2D at the time of their first LEA in the period (T1D: 54yr vs T2D: 67yr). There was  $< 1$  year difference in post-LEA survival between these groups (T1D: 5.6yrs, T2D: 4.7yrs). At 5-years post-LEA, 57% of T1D and 48% of T2D cases were alive. Individuals survived longer if their first LEA in the period was performed at the level of the toe/foot/ankle (6.3yrs), followed by below knee (4.5yrs) and knee and above (2.1yrs); at 5-years post-LEA, the percent alive was 58%, 46%, and 30% respectively.

**Conclusions:** Time from first LEA to death was similar for T1D and T2D despite a younger age at presentation for T1D, with only half surviving 5-6 years post-LEA. As such, prevention strategies are critical including early identification of the high-risk foot, multidisciplinary treatment of foot ulcers, improved access to appropriate foot care/footwear, and education of healthcare professionals and persons with diabetes.

### UNBLINDED VERSION

**Purpose:** Lower extremity amputations (LEAs) result from vascular complications related to diabetes. Time from first LEA to death (survival) among Nova Scotia adults ( $\geq 20$ yr) with type 1 (T1D) and type 2 diabetes (T2D) was examined.

**Methods:** Records from the Diabetes Care Program of Nova Scotia Registry were linked at the person-level with administrative health data for 1996/97-2012/13.

**Results:** Over 1,250 individuals had  $\geq 1$  LEAs in the period (Male=69%; Female=31%). LEA procedures for the first admission in the period were most often at the level of the toe/foot/ankle (52%); followed by below knee (26%), and knee and above (22%). Individuals with T1D were 13 years younger than those with T2D at the time of their first LEA in the period (T1D: 54yr vs T2D: 67yr). There was  $< 1$  year difference in post-LEA survival between these groups (T1D: 5.6yrs, T2D: 4.7yrs). At 5-years post-LEA, 57% of T1D and 48% of T2D cases were alive. Individuals survived longer if their first LEA in the period was performed at the level of the toe/foot/ankle (6.3yrs), followed by below knee (4.5yrs) and knee and above (2.1yrs); at 5-years post-LEA, the percent alive was 58%, 46%, and 30% respectively.

**Conclusions:** Time from first LEA to death was similar for T1D and T2D despite a younger age at presentation for T1D, with only half surviving 5-6 years post-LEA. As such, prevention strategies are critical including early identification of the high-risk foot, multidisciplinary treatment of foot ulcers, improved access to appropriate foot care/footwear, and education of healthcare professionals and persons with diabetes.