

Diabetes Centre Impact on Newly Diagnosed Referrals in Nova Scotia

MARGARET J. DUNBAR*, ZLATKO KARLOVIC, IAN C. MACINNIS
Diabetes Care Program of Nova Scotia, Halifax, NS

Understanding the newly diagnosed (ND) population followed through Diabetes Centres (DC) assists in developing relevant programs to meet the needs of this heterogeneous population.

The purpose of this current work is to describe key measures in a subset of the ND type 1 & 2 adult (\geq age 19) population during the first 3 mos (Pre) and again 8-15 mos later (Post). Using the DCPNS Registry, a total of 3270 ND cases were selected in calendar year 2009. Using additional selection, criteria, 960 cases were chosen. Analysis in the Pre period used the earliest value for A1C, BP, & LDL-C. Post analysis used the last value. Cases with a missing Pre value were excluded from the Post analysis.

	Pre (first value)	Post (last value)
Mean A1C (value)	7.8% (656 cases)	6.7% (587 cases)
A1C: < 7%	330 of 653 (50.5%)	415 of 585 (70.9%)
A1C: \geq 8.5%	175 of 653 (26.8%)	32 of 585 (5.5%)
BP: < 130/80	349 of 820 (42.6%)	313 of 734 (42.6%)
BP: S \geq 140 or D \geq 90	230 of 820 (28.0%)	199 of 734 (27.1%)
LDL-C: < 2.5	233 of 547 (42.6%)	259 of 411 (63.0%)

Care received through NS DCs results in an improvement in mean A1C and the proportion within A1C target (< 7%). Blood pressure does not show the same improvement.

DCs are effective in improving glycemic control but should also consider targeted programming in the ND population aimed at BP management, specifically for those with values > 140/90.

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