

Change is afoot: Lower Extremity Amputation in Nova Scotia, 1996/97-2012/13

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Purpose: Lower extremity amputations (LEAs) are a devastating complication of diabetes. Since 1991, Nova Scotia (NS) has fostered intensive prevention efforts for high-risk patients while promoting population-based prevention messages to the broader diabetes population. This work examined the burden of LEAs among NS adults (≥ 20 yr) with and without diabetes between 1996/97 and 2012/13.

Methods: Records from the NS health insurance registry, LEA hospital admissions, and the Canadian Chronic Disease Surveillance System were linked at the individual-level for 1996/97-2012/13.

Results: Nearly 3,500 individuals had ≥ 1 LEA admissions over the period. On average, there were 281 LEA admissions annually (DM=194, no DM=87). Over time, the annual number of LEA admissions among those with DM was relatively stable despite increasing DM prevalence (3% in 1996/97 to 11% in 2012/13). The LEA admission rate among those with DM decreased $> 55\%$ from 47/10,000 to 21/10,000. Those with DM (vs those without) were far more likely to have an LEA admission: 51x, 16x, 10x, and 5x for individuals 20-59yr, 60-69yr, 70-79yr, and ≥ 80 yr respectively. LEAs among those with DM were more likely to be at a lower level (41% at level of toe/foot/ankle vs 26% among those without DM). Length of LEA-related hospitalisation was similar for those with and without DM.

Conclusions: The LEA admission rate declined dramatically over time. The majority of LEA admissions still occur among those with DM (vs those without); although, the difference diminishes with age. Innovative initiatives focussed on foot health must continue to be a priority in diabetes care.