

SOCIAL INEQUALITIES AND HEALTHCARE CONTACT PATTERNS BEFORE LOWER LIMB AMPUTATION AMONG PEOPLE WITH DIABETES

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Background: Diabetes is a rising concern and a major burden in healthcare worldwide. People with diabetes have a marked increased risk of comorbidity, including lower extremity amputation (LEA). LEA is associated with lower quality of life, risk of further complications, and high mortality risk. We need more information on healthcare contact patterns among risk groups to develop targeted strategies to prevent LEA and social inequality LEA risk. This study aims to explore socioeconomic, demographic, morbidity, and healthcare contact risk factors for LEA among people with diabetes. Further, we will study the association between LEA risk factors and healthcare contact at two years, one year, and six months before LEA among people with diabetes.

Method: We will perform a nationwide, register-based, observational study. We identify people with diabetes and a first event of LEA in Denmark, between 2000 and 2018. We extract data on potential risk factors, from Danish administrative registries. We conduct a matched case-control study to identify risk factors for LEA among people with diabetes, and we investigate the potential association between LEA risk factors and healthcare contact patterns, prior to LEA. Multivariable logistic and linear regression analysis will be used in both analyses.

Results: Preliminary results show that among the subgroup of people with diabetes in Denmark in 2016-2018, aged 50 or more, 2,521 underwent LEA. People with diabetes and LEA are more often men (73%) and half have a low educational level (49%). Further, in the year prior to LEA the patients have a high contact level with their general practitioner (median 22, IQR 12-35 contacts) and outpatient clinics (median 10, IQR 4-19 contacts). Approximately 6% have no contact with outpatient clinics in the year prior to LEA. We will present the main results at the conference.

Conclusion: Preliminary results indicate that majority of people with diabetes and LEA are men and half have a low level of educational attainment. The number of contacts with healthcare providers is high in the year prior to LEA.