

P326

Inadequate diabetes control is more prevalent in South Asians than Europeans: potential role of therapeutic inertia

SV Eastwood, AD Hughes, T Tillin and N Chaturvedi

Institute of Cardiovascular Sciences, University College London, London, UK

Refer to Oral number A14

P327

Disparities in the prescribing of DPP-4 inhibitors, SGLT2 inhibitors, and GLP-1 analogues in UK primary care

A McGovern, W Hinton, B Arrowsmith, N Munro, M Whyte and S de Lusignan

Department of Clinical and Experimental Medicine, University of Surrey, Guildford, UK

Aims: People with lower socioeconomic status (SES) and ethnic minority groups have worse glycaemic control and higher incidence of diabetes complications. We evaluated the use of newer diabetes therapies (DPP-4 inhibitors, SGLT2 inhibitors, and GLP-1 analogues) across SES and ethnic groups to identify any disparities in use which may be contributing to ongoing outcome disparities.

Methods: A cohort of people with Type 2 diabetes (N = 60,327) was identified from the University of Surrey-Lilly Real World Evidence database, using routinely collected primary care data. The number of people initiated on new therapies over a 12 month period (2015) was analysed. The impact of SES and ethnicity on propensity to prescribe was investigated using logistic regression adjusting for potential confounders (age, gender, glycaemic control, duration of diabetes, number of previous therapies, renal function, and body mass index).

Results: We identified 2,599 people initiated on DPP-4 inhibitors, 1,118 on SGLT2 inhibitors, and 556 on GLP-1 analogues. After adjusting for confounders there were no differences in prescribing by SES. Compared to those of White ethnicity, there was reduced propensity to prescribe SGLT2 inhibitors to those of Black (OR 0.48; 95% CI 0.32-0.71; $p < 0.001$) or Asian ethnicity (OR 0.61; 0.48-0.78; $p < 0.001$), and there was reduced propensity to prescribe GLP-1 analogues to those of Asian ethnicity (OR 0.53; 0.35-0.81; $p = 0.003$). No significant difference in prescribing propensity was found with DPP-4 inhibitors.

Conclusions: There was no association between prescribing newer medications and SES. However, we found a strong interaction between ethnic group and propensity to prescribe newer therapies.

P328

The management of hypertension in Afro-Caribbean patients with Type 2 diabetes at a large teaching primary care centre in Birmingham

S Abdulrahman¹, A Chauhan¹ and MA Saeed^{2,3}*¹College of Medical and Dental Sciences, University of Birmingham, Birmingham, UK, ²Department of Diabetes, University Hospitals Birmingham, Birmingham, UK, ³School of Clinical and Experimental Medicine, University of Birmingham, Birmingham, UK*

Aims: Hypertension affects a third of the population in England, with Afro-Caribbean people constituting a high-risk group. Due to their differing pathophysiology, NICE guidance published in 2009 [CG87] and revised in 2015 [NG28] recommends that when living with Type 2 diabetes they should be prescribed an angiotensin converter enzyme inhibitor (ACEi) together with either a calcium channel blocker (CCB) or diuretic as first-line therapy for hypertension and reno-protection. We investigated whether the NICE guidance on hypertension management is being adhered to in people of Afro-Caribbean ethnicity living with Type 2 diabetes (diagnosed since the introduction of the 2009 guideline) in a large teaching primary care centre located in an ethnically diverse area of Birmingham.

Methods: Using the EMIS electronic records, people matching the above criteria were identified and the relevant data was collected.

Results: For the 60 patients identified, surprisingly only a third (n = 20) were managed in-line with the guidance. Of the two-thirds who were not, 90% (n = 36) had not been prescribed the recommended combination. The remaining 10% (n = 4) had not tolerated first-line therapy (hyperkalaemia, hypotension, and/or, other adverse reactions). 26.7% (n = 16) of the sample had a sub-optimal blood pressure, with 75% (n = 12) not having been monitored within the recommended timeframe laid out by NICE.

Conclusion: Adherence to NICE guidance in relation to ethnic-specific hypertension prescribing for patients with Type 2 diabetes appears to be suboptimal in primary care. Knowledge of this aspect of the guideline needs to be reinforced by diabetes organisations and charities, e.g. Diabetes UK.

Clinical care and other categories posters: foot

P329

Diabetes foot care: survey of practice in primary care

S Kassim¹, I McDermott¹, B Power¹, F Day¹, M Greensmith² and P Carder³*¹Long Term Condition Clinical Network, NHS Leeds Clinical Commissioning Group, Leeds, UK, ²Diabetes Clinical Network, NHS England, Willerby, UK, ³West Yorkshire Research and Development, NHS Bradford Districts Clinical Commissioning Group, Bradford, UK*

Aims: There is an inconsistency of competencies in delivery of diabetic foot care in primary care. The aim of the study was to determine the knowledge and practice of foot checks amongst health professionals in primary care.

Methods: An anonymous questionnaire was completed by variety of health professionals involving general practitioners, practice nurses, advance nurse practitioners and health care assistants working in primary care team in Leeds West CCG area. The survey was conducted over three weeks.

Results: In total, out of the 65 health professionals participated in the survey, 40% were GP practitioners, 28% practice nurses, 28% health care assistants and the remaining 4% advance nurse practitioners. The overall response rate of 16.5% was obtained based on estimated number of workforce in primary care team in Leeds West CCG. Nearly 30% involved in the diabetes foot care check never had any formal training on conducting diabetes foot check. 31% of correspondents never feel for foot pulses in a diabetes foot check. 71% of correspondents were not able to accurately identify local