People with common mental health problems and diabetes receive better surveillance of diabetes related conditions and equal surveillance of their diabetes in primary care

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Introduction

People with mental health illness are less likely to engage with healthcare services and less likely to report symptoms (1). Furthermore, people with diabetes and cardiovascular disease are more likely to develop mental health illness and vice-versa (2). Pay-for-performance diabetes targets in UK primary care should minimise the impact of this effect on diabetes management. Here we report the impact of psychiatric conditions on failure to receive regular check-ups for diabetes and related conditions.

Study aims:

1. Assess the level of diabetes monitoring (HbA1c) in people with mental health problems:
   - Affective disorders
   - Psychotic disorders
   - Substance misuse
   - Organic mental health disorders (e.g. dementia)
2. Assess the monitoring of the following diabetes related conditions in people with mental health problems:
   - Cholesterol measurements
   - Renal function measurements
   - Foot sensation checks

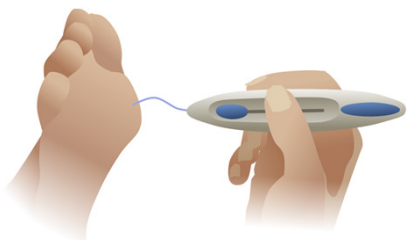
Methods

Study type: A retrospective cohort study using electronic patient records.

A cohort of adults with type 1 and type 2 diabetes (N=35,502), was identified from the Quality Improvement in Chronic Kidney Disease (QICKD) trial database (3,4). This database comprises the GP records from all patients registered at 127 GP practices across England. Diabetes and mental health diagnoses were identified from these health care records.

The cohort was followed for 2.5 years (between Aug 2008 and Dec 2010) to identify

A logistic regression analysis was performed to identify the impact of mental health on the proportion of patients receiving HbA1c, cholesterol, renal function, and monofilament foot checks. Demographic factors, co-morbidities, and variability between primary care practices were adjusted for.



Results

The study population comprised 599,257 people of which 35,502 had diabetes. In the diabetes cohort 2,042 (5.8%) people had a recognised affective disorder, 122 (0.3%) psychotic disorder, 121 (0.3%) substance misuse, and 657 (1.8%) organic mental health disorder.

The overall proportion of testing was; HbA1c (90.3%), cholesterol (94.2%), renal function (87.4%), and monofilament testing (52.8%).

People with affective disorders were slightly more likely to have cholesterol measurements OR 1.36 (95% CI 1.08 - 1.70) and renal function checks OR 1.37 (95% CI 1.16 - 1.63). No other significant associations were identified (figure 1). No mental health condition was significantly associated with reduced monitoring.

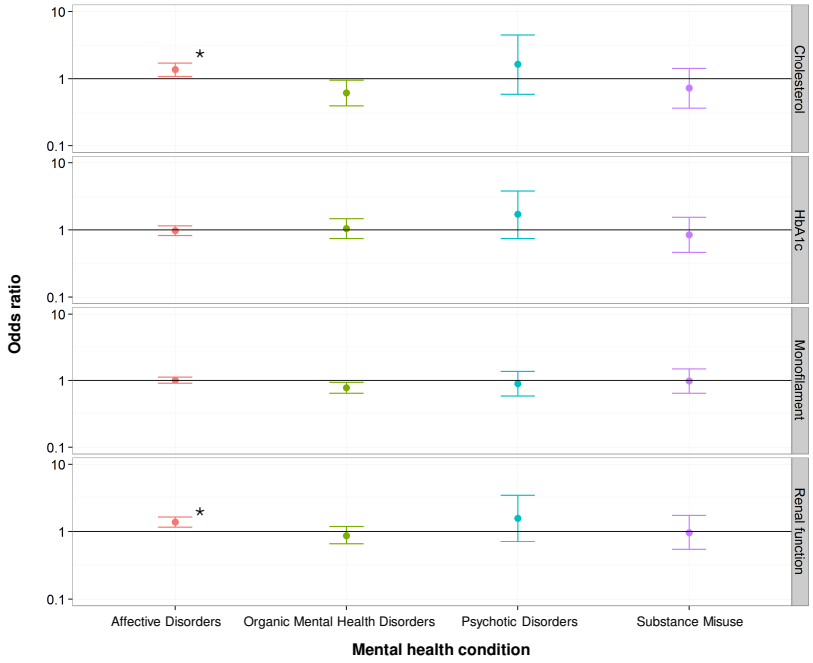


Figure 1. Odds ratio of having diabetes related parameter measured during the 2.5 year follow-up period with 95% confidence intervals. Statistically significant associations are marked with ✶. Affective disorders were associated with better monitoring of HbA1c and renal function.

Discussion

Despite previous literature demonstrating poor engagement with healthcare services in people with mental health conditions monitoring of diabetes and related conditions in this population is good.

This positive finding may be due to pay-for-performance targets in primary care. It is likely that GPs are utilising screening opportunities in these patients when they present for mental health related consultations and that computer aided recall systems are functioning well.

Continued vigilant screening is required in this high risk group and standards should be monitored to ensure they remain high.

Conclusion

The presence of recognised psychiatric illness was found to have no negative effect on the rates of assessment of diabetes and even improved screening of related conditions in primary care.

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