

Data Collection

- Study cohort taken from the QICKD trial database.
 - 127 primary care practices across England.
 - Anonymous records for all patients.
 - Five years of data (2006-2011).
- Diabetes population: Adults with Type 1 or Type 2 (35,502 people)
 - Identified using clinical read codes
 - Validated using serum glucose and HbA1c results.

Presenter Disclosure Information

The American Diabetes Association requires the following disclosure to the participants:

Dr Andrew McGovern

Disclosed no conflict of interest



Presented at:



Method

- Predictor variables:
 - Peripheral neuropathy (10g monofilament test)
 - Age/gender
 - Smoking status
 - Alcohol use
 - Blood pressureIschaemic heart disease
 - Previous stroke or transient ischaemic attack
 - Renal impairment
 - Heart failure
 - HbA1c measurement
 - Cholesterol measurement

Study Aim and Design

Does the presence of sensory neuropathy predict increased risk of death?

Retrospective cohort study on a large community based population in England

Method

Division of data:

2.5 years:

Baseline data

2.5 years:

- Only those with monofilament testing included: 18,748 (52.2%)
- Outcome: all cause mortality
- Statistical methods:
 - Multilevel logistic regression analysis
 - Lme4 package in R

Results

- Abnormal sensation was identified in 1,548 (9.0%)
- Sensory neuropathy associated with mortality: OR 1.70 (1.41-2.06; p < 0.001)
- HbA1c > 58 mmol/mol (7.5%):

OR 1.16 (1.01-1.34; p = 0.037)

Current smoker:

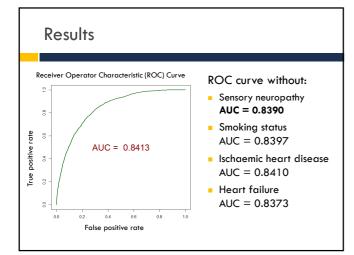
OR 1.63 (1.39-1.89; p < 0.001)

Ischaemic heart disease:

OR 1.27 (1.12-1.43; p < 0.001)

Conclusion

In people with diabetes the presence of sensory neuropathy (detected by primary care health-care providers using a 10g monofilament) is associated with an increased risk of death within the next 2.5 years.



Acknowledgements

Research team and associates:

Simon de Lusignan, Meena Rafiq, Neil Munro, Lucilla Butler, David Russell-Jones, Simon Jones, Rob Hinchcliffe, Jack Brownrigg, Mert Senkal, Harshana Liyanage, Jeremy van Vlyman, and Benjamin Rusholme.

Funding for data collection provided by:

Health Foundation and Edith Murphy Trust

Clinical Informatics Group





Strengths and limitations

Limitations

- Cohort study causal link not investigated
- No cause of death data available
- Short duration of follow-up
- Significant proportion of the population untested

Strengths

- Large population size
- Real world data