



QUALITY OF CARE IN DIABETIC PATIENTS

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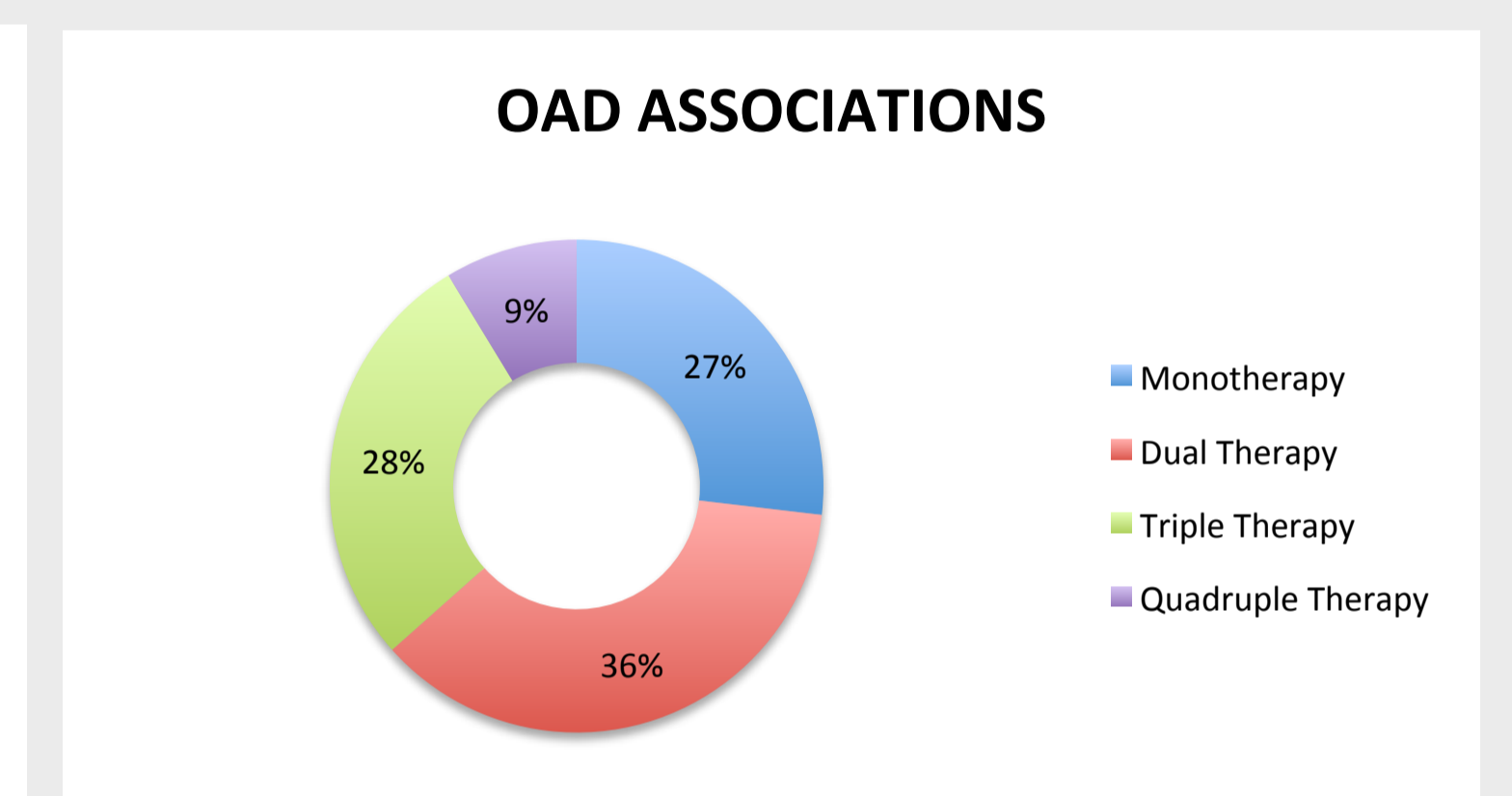
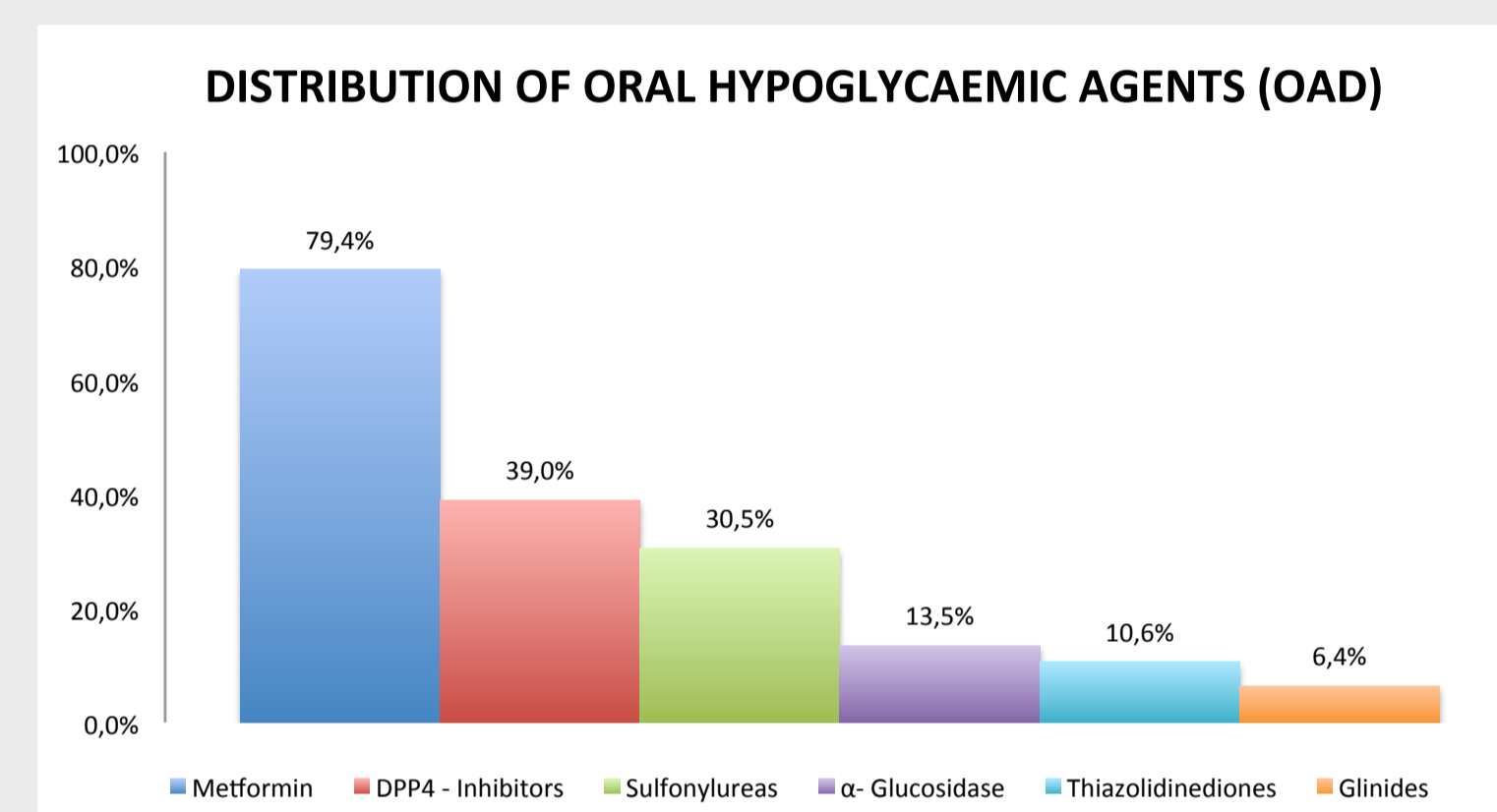
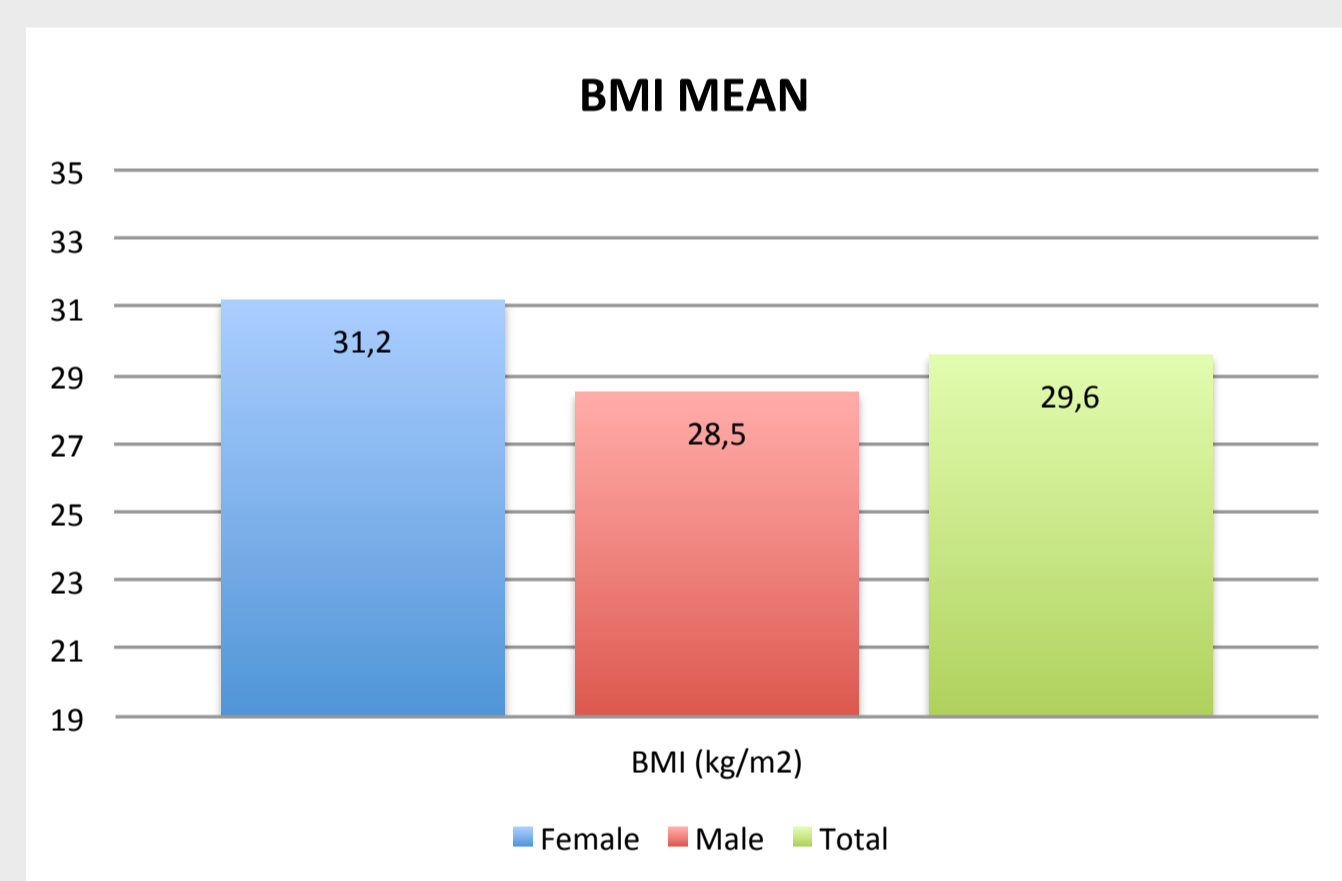
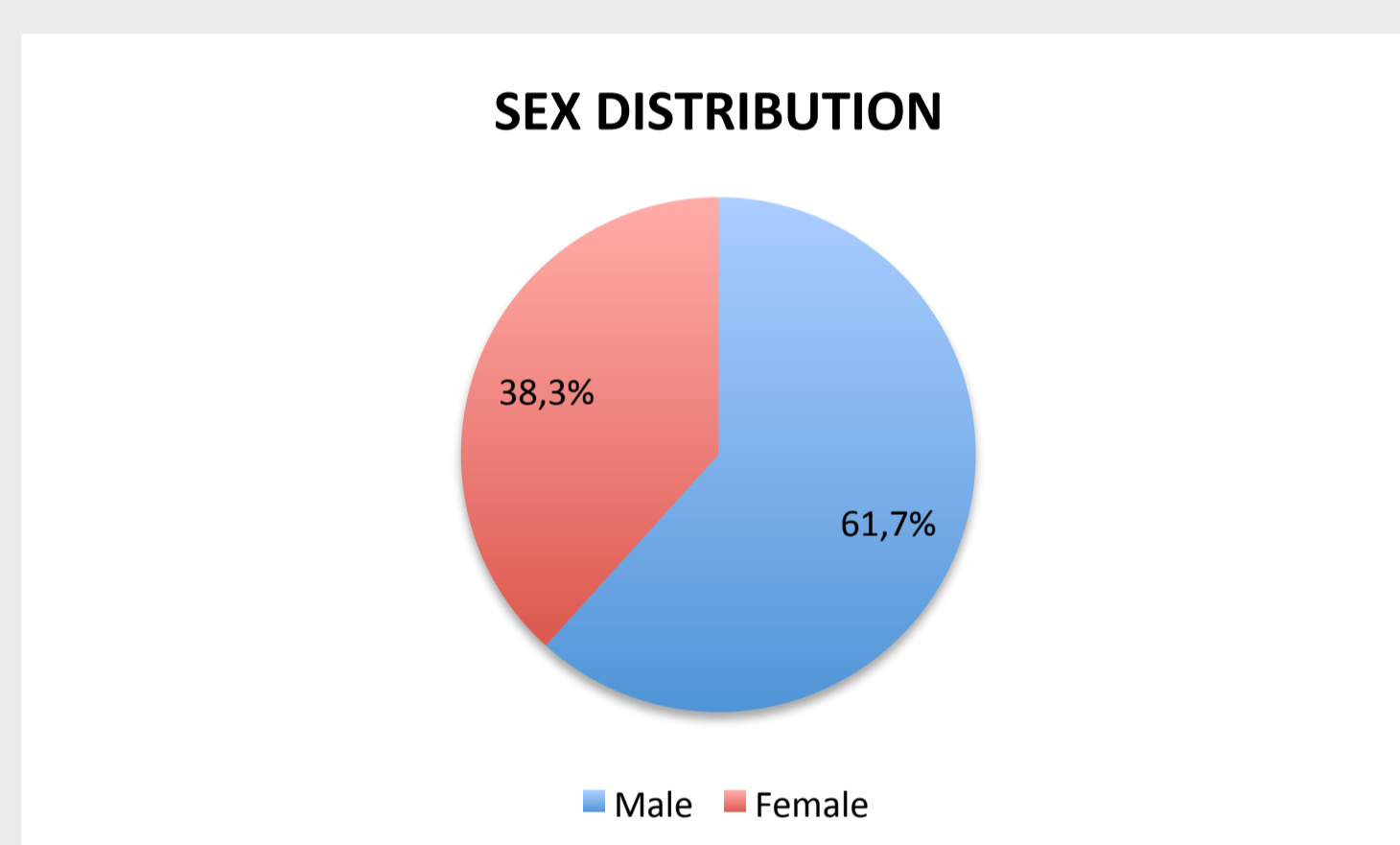
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INTRODUCTION: Type 2 Diabetes Mellitus (T2DM) is a chronic disease, with prevalence increasing worldwide and its complications are major causes of early morbidity and mortality. Recent guidelines suggest the individualisation of glycaemic targets and glucose-lowering therapies.

The aim of this study was to determine the quality of care provided to type 2 diabetic patients in our institution, analysing metabolic control, cardiovascular risk factors and prevalence of diabetic complications.

METHODS: Transversal study with 423 type 2 diabetic patients, followed at our diabetes clinic.

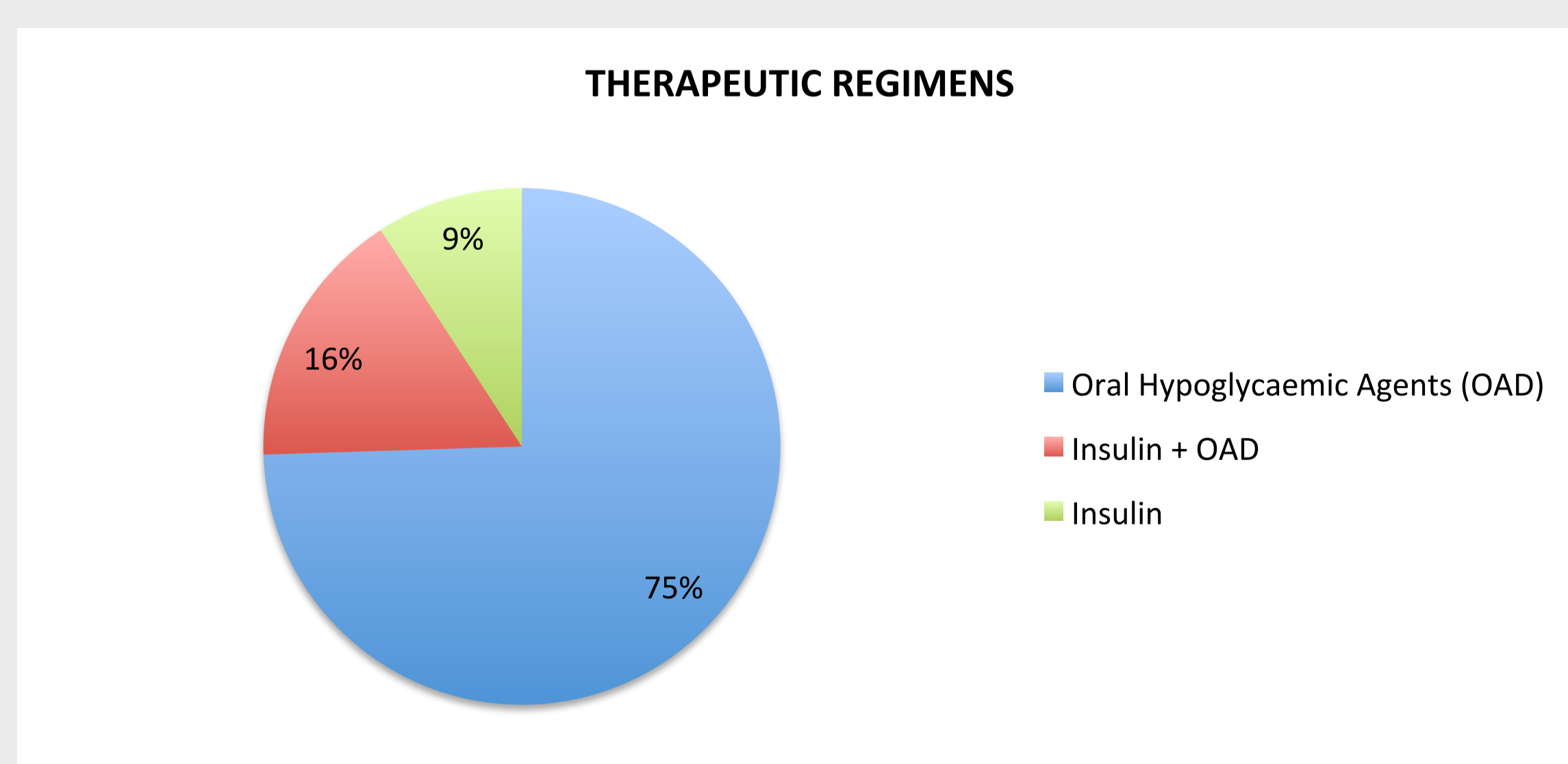
RESULTS: A total of 423 patients were included in the study, with a mean age of $67 \pm 9,4$ years. 61,7% were men. Approximately 90% of patients were overweight (41,9% obese).



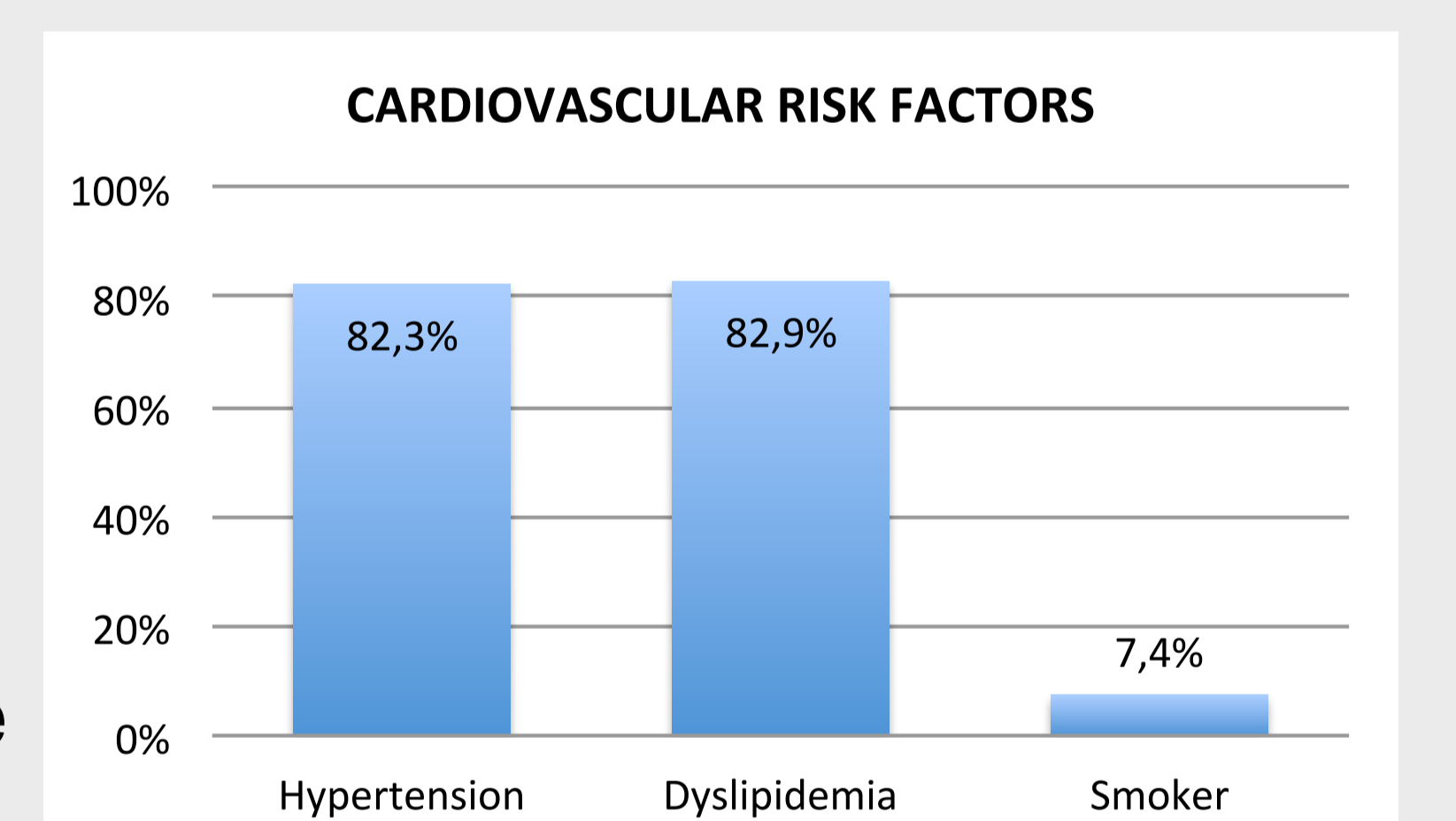
65,3% had familiar history of T2DM.

Mean duration of diabetes was $15 \pm 10,5$ years and HbA1c levels averaged $7,0\% \pm 1,2$. 60% had HbA1c $\leq 7\%$ (40% HbA1c $\leq 6,5\%$).

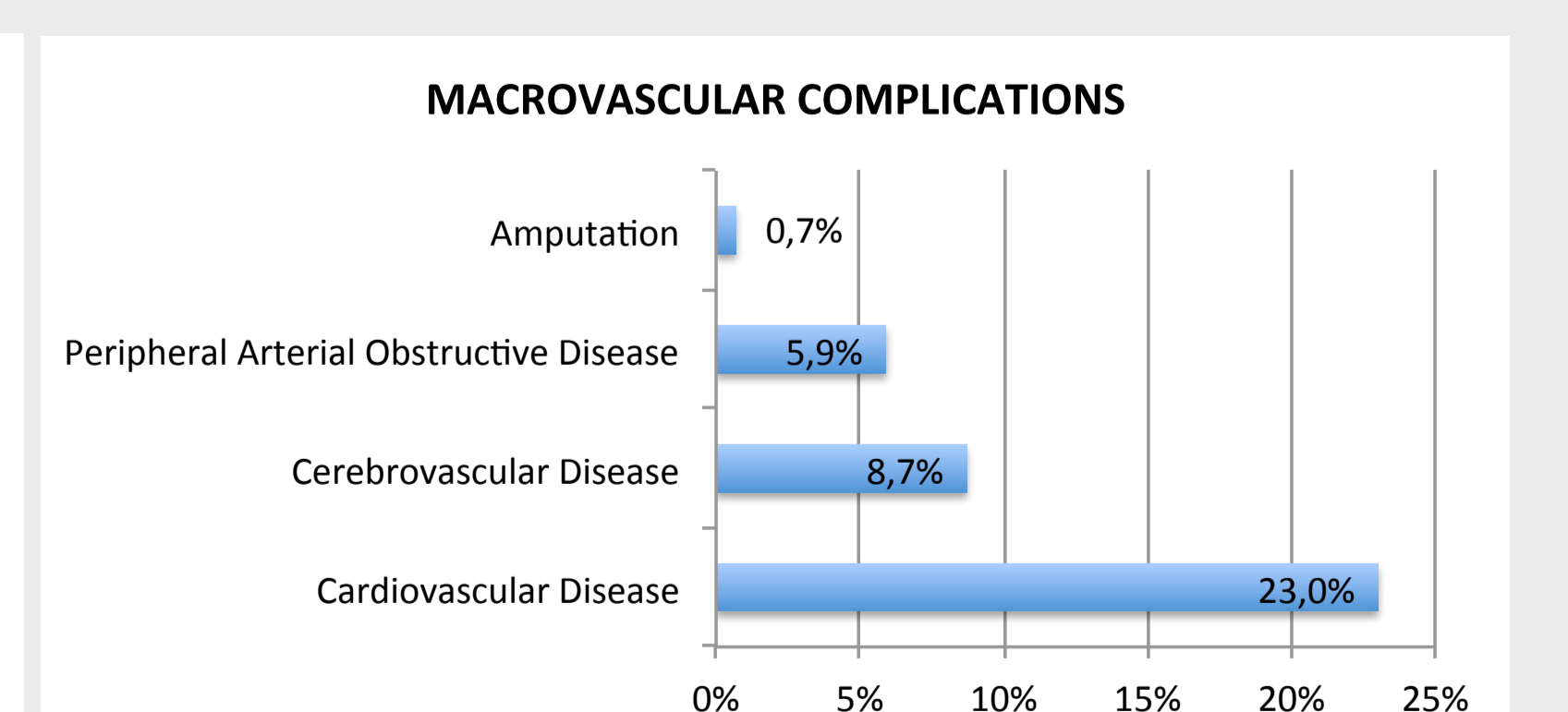
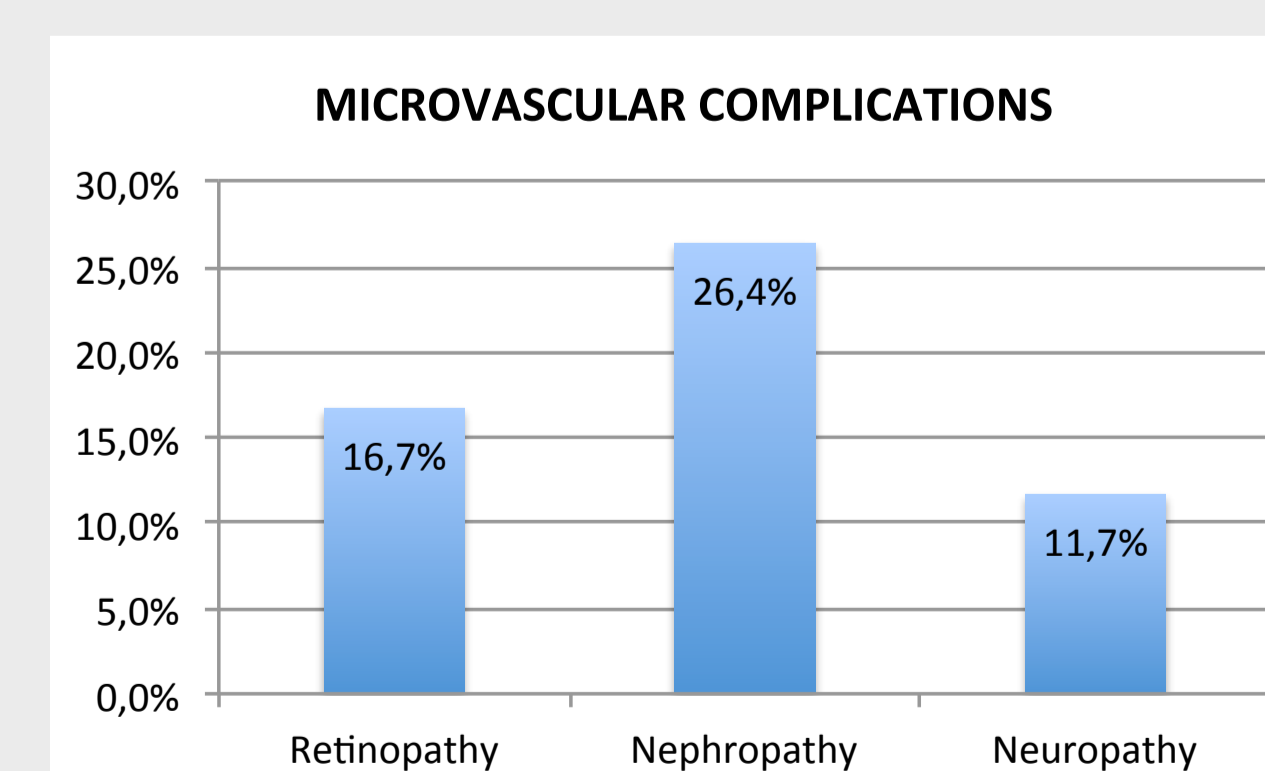
Concerning therapeutic regimens: 75% used oral hypoglycaemic agents (OAD) alone (73,4% of these were using 2 or more agents); 25% were treated with insulin (16% in combination with OAD).



82,3% of the patients had hypertension and 31,2% met the target blood pressure (BP) of 130/80mmHg. 82,9% had dyslipidaemia and 62,6% met the goal LDL cholesterol level $<100\text{mg/dl}$. 12% of patients met the combined ADA goal for BP, LDL and HbA1c. 61,3% of the patients was anti-aggregated.



Regarding diabetic complications: 16,7% had retinopathy, 26,4% nephropathy, 23% cardiovascular and 8,7% cerebrovascular disease.



CONCLUSIONS: Metabolic control (HbA1c), BP, LDL values were favourable in our patients, comparing to other studies. Although, it's challenging to achieve all the goals proposed by international guidelines.

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