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Geographic and demographic differences in access to appropriate care settings for Type 2 diabetes in the Reggio Emilia Province (Italy)

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Background & Aim: According to Italian guidelines, two alternative appropriate care settings (ACS) for Type 2 diabetes (T2DM) should be set up: an Integrated Care setting (with shared management between the GP and Diabetes Clinics) when T2DM is well-controlled; and an exclusive Diabetes Clinics Care setting for the remaining cases. The guidelines do not envisage an exclusive GP care setting for T2DM patients. The aims of this study were to quantify and characterize cases of T2DM that were not included in ACSs in the province of Reggio Emilia, Italy.

Method: The study population consisted of T2DM-prevalent cases extant at the end of 2012, as retrieved from the Reggio Emilia Diabetes Register. Investigated variables were sex, immigrant status and residence district. Multivariate logistic regression was applied to estimate Odds Ratios (OR) and 95% Confidence Intervals (95% CI).

Results: At the end of 2012, 5235 out of 27,828 individuals with T2DM (18.8%) were excluded from an ACS. Women were at greater risk than men (OR 1.18, 95% CI 1.11-1.26), the immigrants than autochthonous (OR 1.14, 95% CI 1.00-1.30), as were the elderly as compared with middle-aged persons (70+ vs. 50-69: OR 1.40, 95% CI 1.31-1.50). T2DM patients residing outside the main district were more likely to be treated in an ACS, with the exception of district no. 5 (OR 1.34, 95% CI 1.24-1.46).

Conclusions: The disadvantage experienced by women and immigrants confirms the results found in other studies investigating quality of T2DM care, and suggests the need to focus interventions on reducing health inequalities in these groups. Older T2DM patients should be involved in ACS programs to a lesser extent because a portion of this group lives in retirement homes and/or has multi-morbidity, while differences associated with district of residence require that action be taken to balance recruitment within the province.