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Clinical practice heterogeneity among general practitioners attending type 2 diabetes

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Introduction: Clinical practice variation is the different behaviour of practitioners faced to similar clinical conditions. In diabetes, the fulfillment of the goals of glycaemic control as measured by glycosylated hemoglobin (HbA1c), allows comparison among professionals in a similar working environment.

Objectives: To determine the degree of clinical variability, based on glycemic control in type 2 diabetes (T2DM) followed-up in Primary Care and compare current data with a previous study conducted in 2008.

Methods: T2DM population was analyzed in two Primary Care Centres (CS1 and CS2) with a population of 14,324 and 15,591 inhabitants, respectively, within the same health district. All patients with T2DM (n = 2,792) were included. Demographic variables, date and value of the last HbA1c and current treatment were retrieved from clinical records. Current data is compared with a previous similar analysis.

Results: The prevalence of T2DM in patients over 35 years was 8.80% and 9.95% respectively, being treated with insulin 25% of them. Last year HbA1c records were available in 74.10% and 85.20%. Regarding the degree of adequate glycaemic control (HbA1c <7%), 59.2% and 69% were the figures (p<0.05). If we assume that missing data from T2DM without A1c performed were poorly controlled, the figures change to 46% and 64% respectively (p<0.05). When metabolic control is analyzed on a individual basis, differences range between 89% and 15% for patients with A1c records and between 83.6% and 12.7% when the whole diabetes population was computed. Data from comparisons between year 2008 and 2015 will be showed.

Conclusions: Despite an acceptable overall glycaemic control. When differences are analyzed on an individual basis, they are not acceptable. Our efforts must be focused to reduce the heterogeneity of clinical practice and investigate the underlying causes in order to improve health outcomes in people with diabetes.

