Diabetes is on the increase



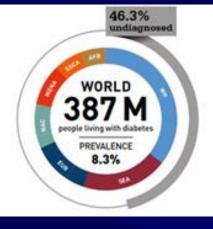
Both Type 1 and Type 2 diabetes increases by 5% year on year

Reaching hard to reach seldom-heard-of groups

Tunde Peto
DESP, Northern Ireland, UK

Paul Vittles said

Nobody is hard to reach, just more expensive to reach. You need to put more effort and creativity to reach them.









3/4 live in low and middle income countries

More people die of diabetes than of malaria, TB, AIDS/HIV altogether!

Diabetes related blindness increases by 8%, moderate visual loss by 29% year on year!



The DR Barometer Global Report: Overview

The DR Barometer study was conducted in 41 countries. Globally 4,340 adults with diabetes and 2,329 health care professionals provided new information about the experiences of living with, managing and treating diabetes, DR and DME.

38%

of patients said that long wait times for an appointment were a barrier to eye exams



44%

of all providers did not have, or did not use, written protocols for the management of diabetesrelated vision loss

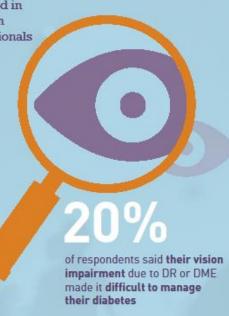
DR: Diabetic Retinopathy DME: Diabetic Macular Edema

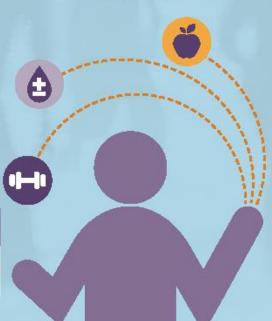
DRBarometer.com













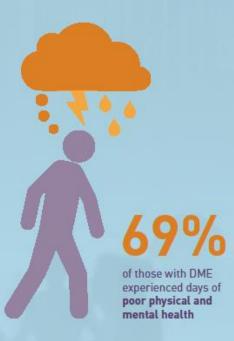
79%

of patients with vision loss due to DR or DME said that their condition made everyday activities, such as driving, working and completing basic household tasks difficult and in some cases impossible



21%

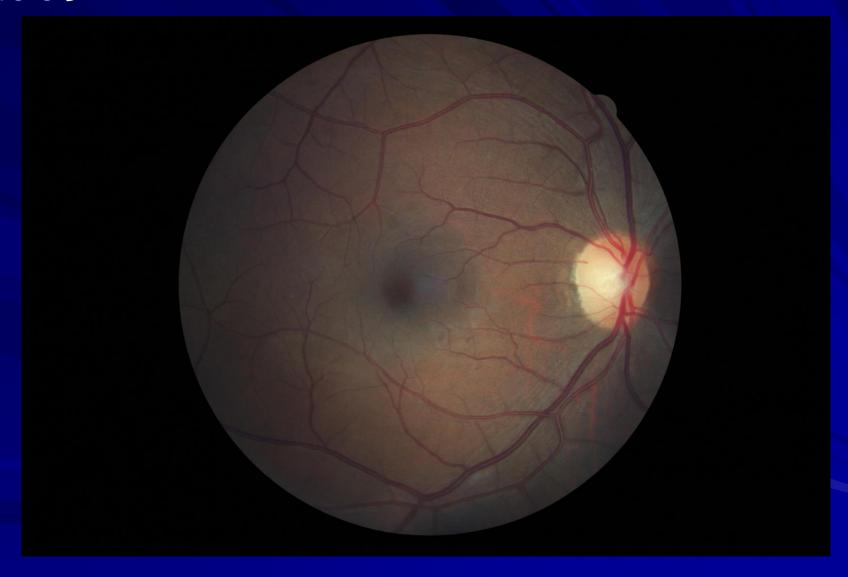
of ophthalmologists had not received specific training in the treatment and diagnosis of DR and or DME



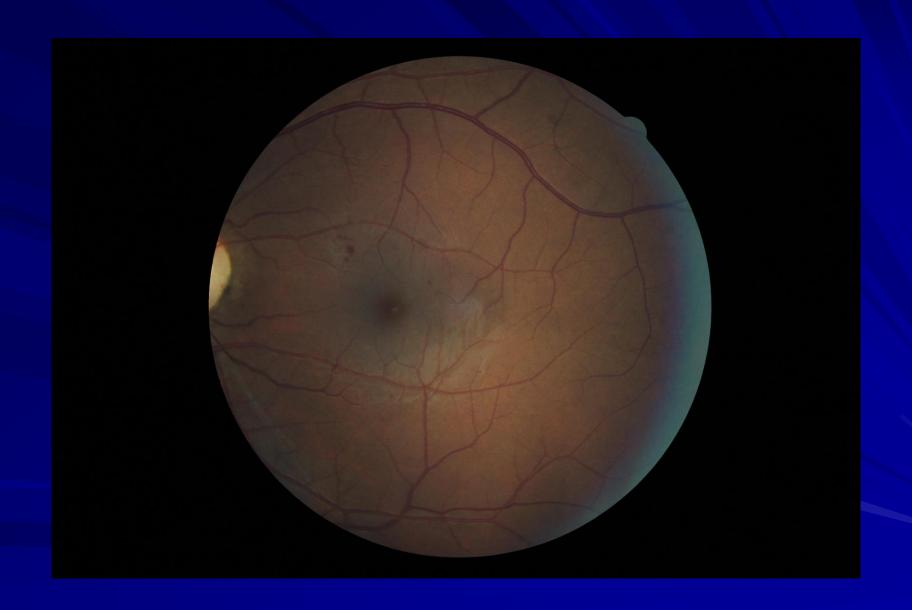
27%

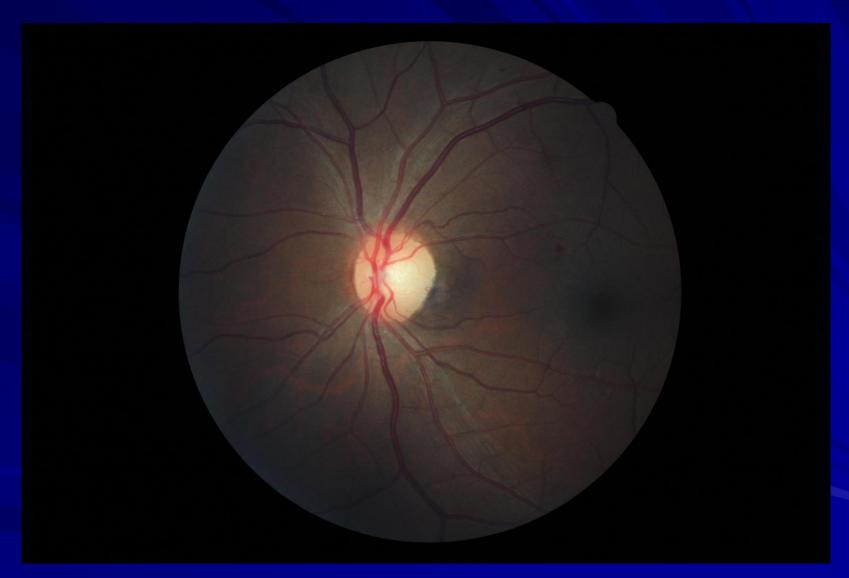
of patients either never discussed eye complications with their doctor or did so only after the onset of symptoms









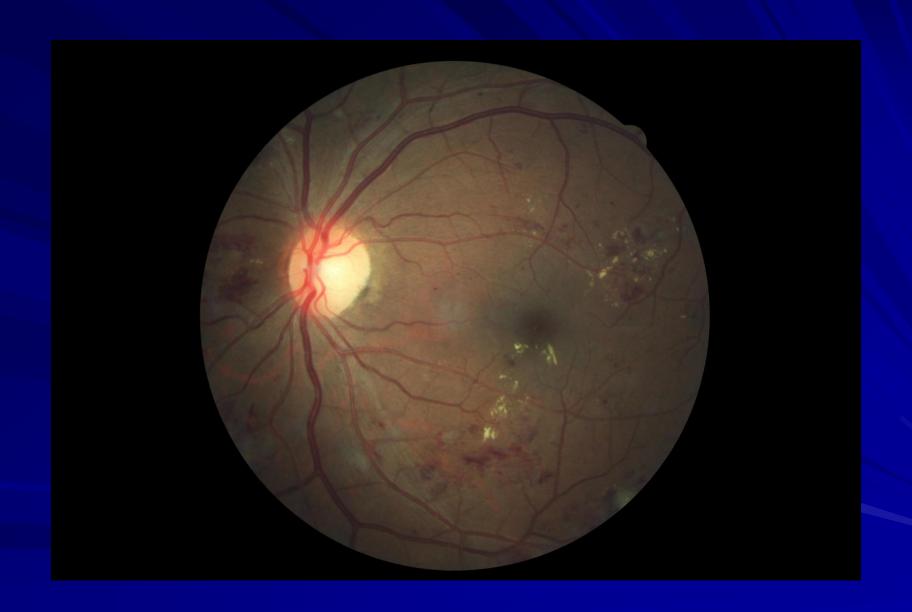


R1Mo-R1Mo-entrol

2010, 2011 DNA screening







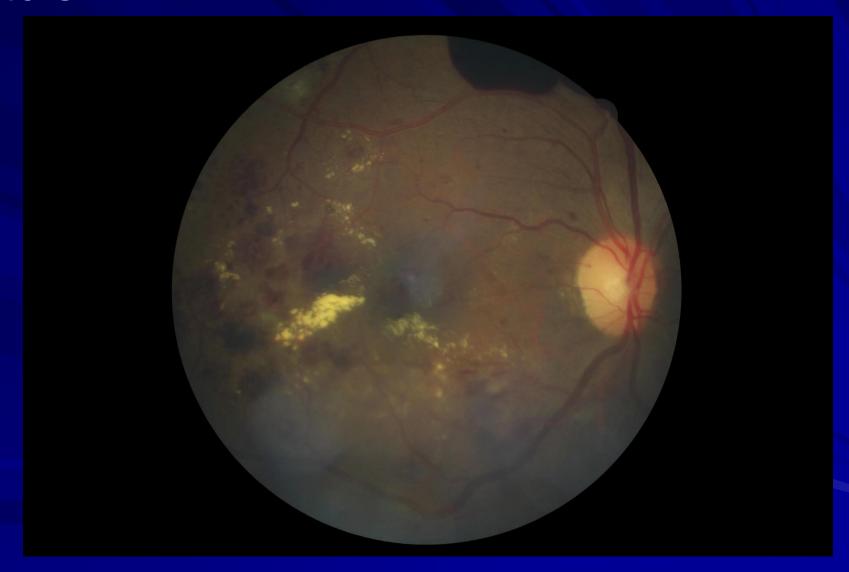


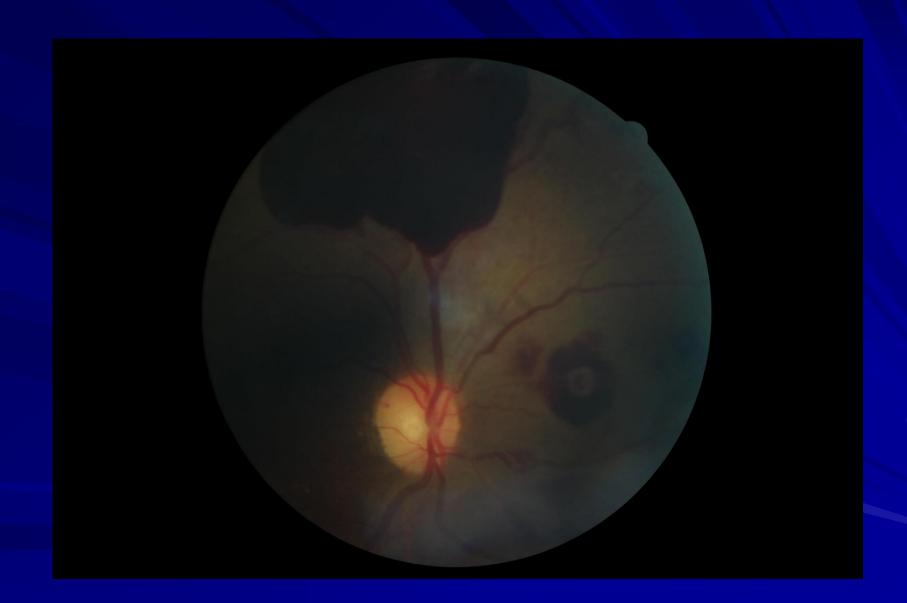
R2M1-R2M1 - round

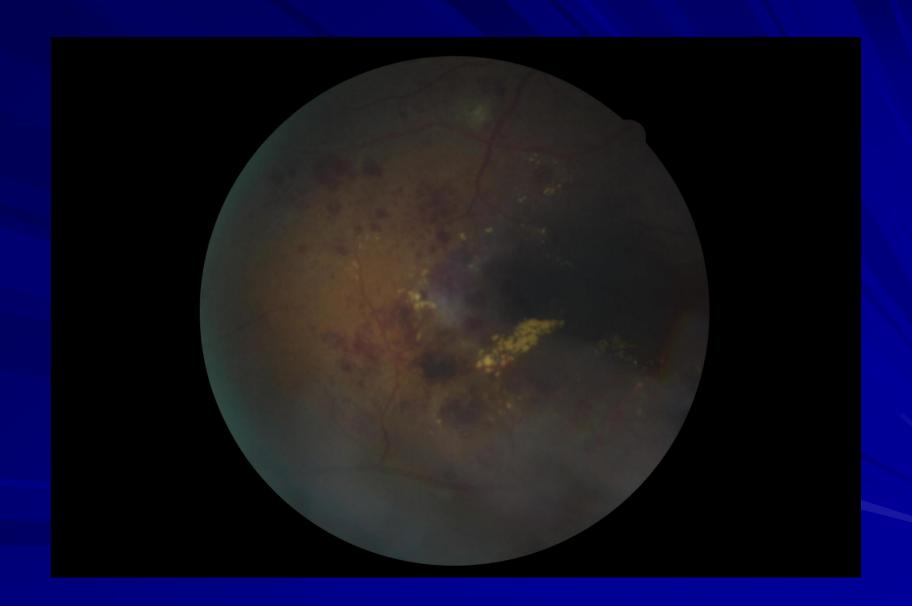
2 x DNA Ophthalmology

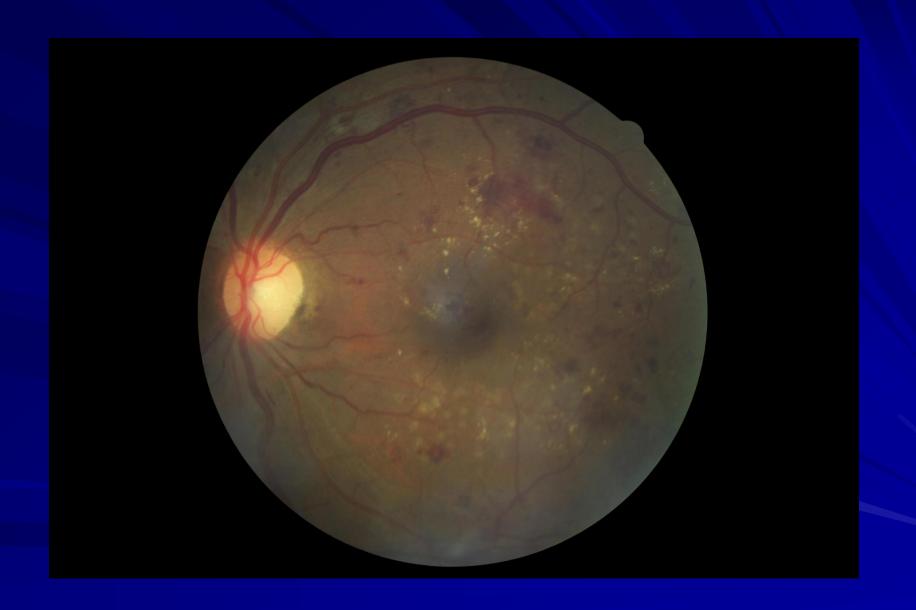
Discharged back to screening

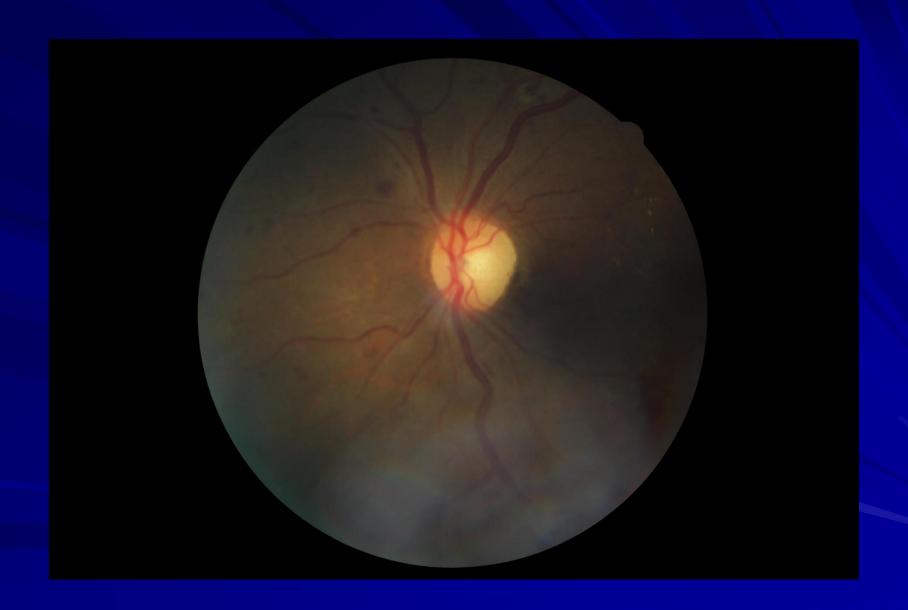
2014, 2015 DNA screening

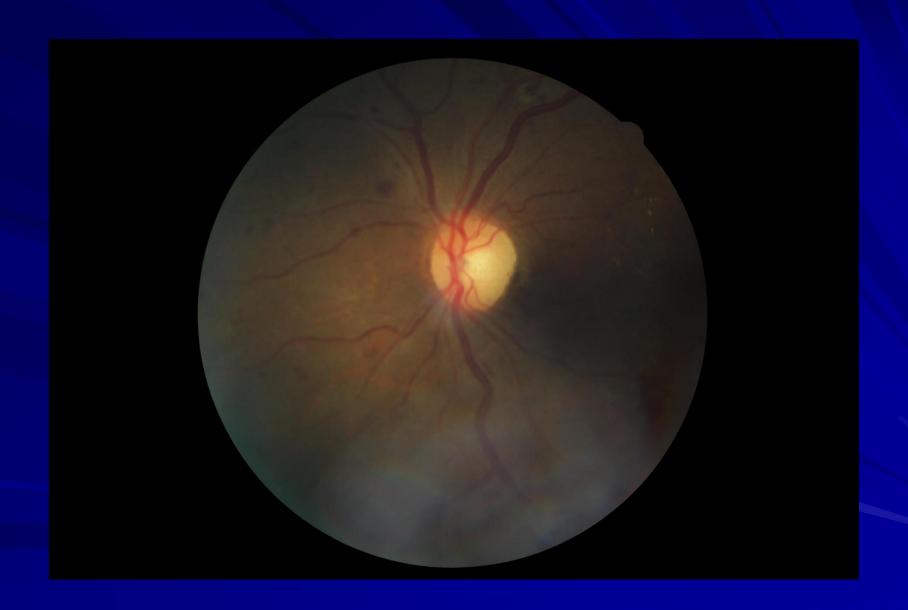












Diabetes: Complications



Stroke

Microvascular

Diabetic eye disease (retinopathy and cataracts)

Heart disease and hypertension

Peripheral vascular disease Renal disease

Neuropathy

Foot problems

Foot problems

Take the camera to the dyalisis unit

Patients attend 3 times a week at dyalisis

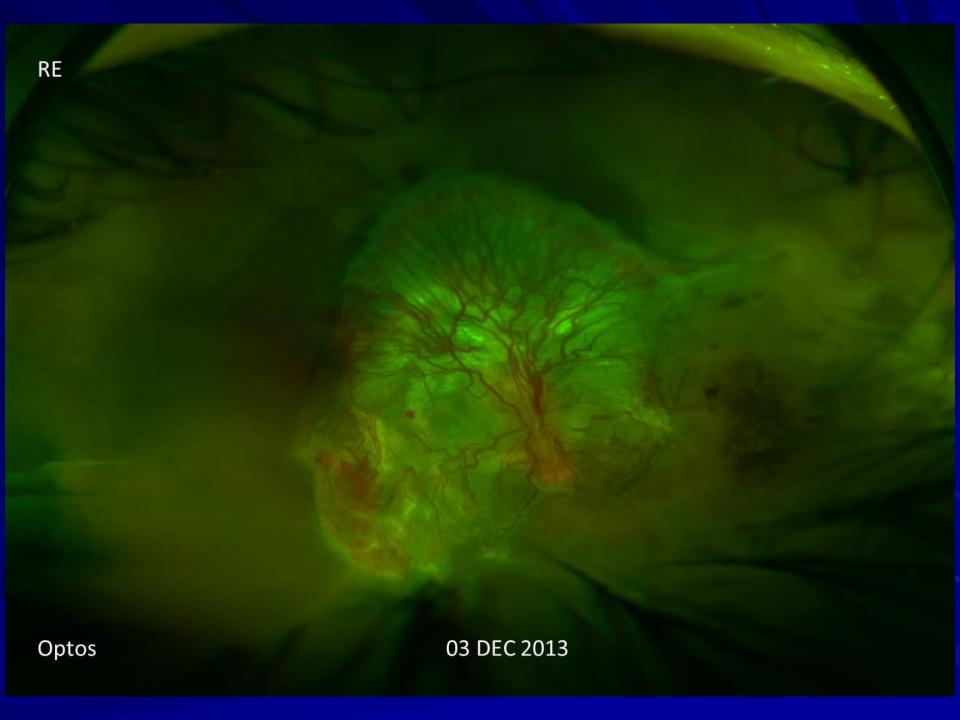
We took the services to the Dyalisis Unit

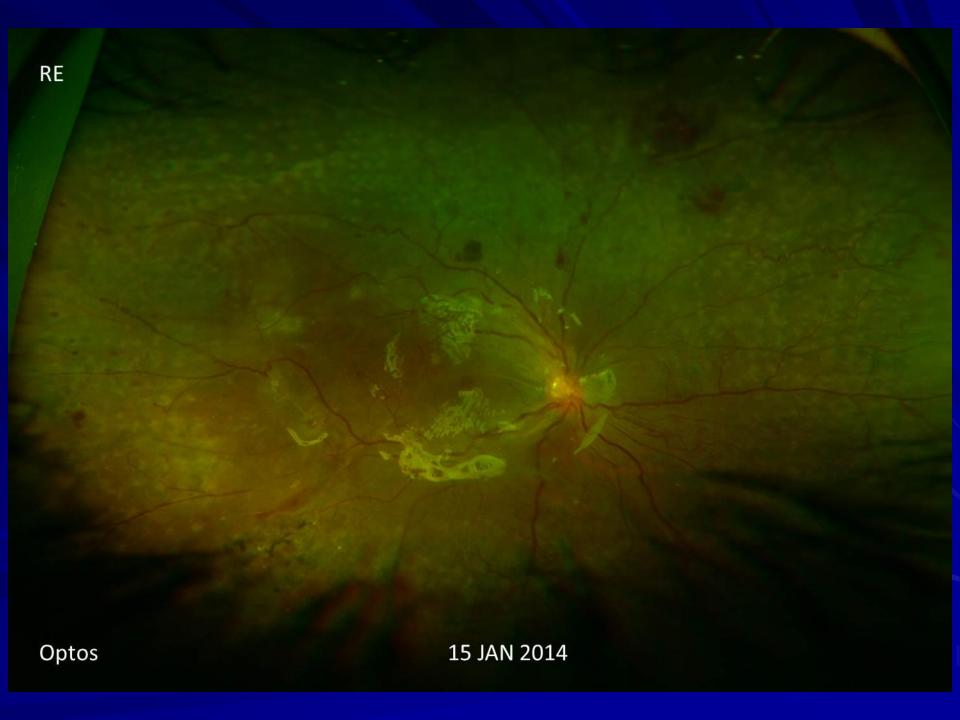
1:4 had untreated PDR, national average is 1:429!





What are the characteristics of this patient?

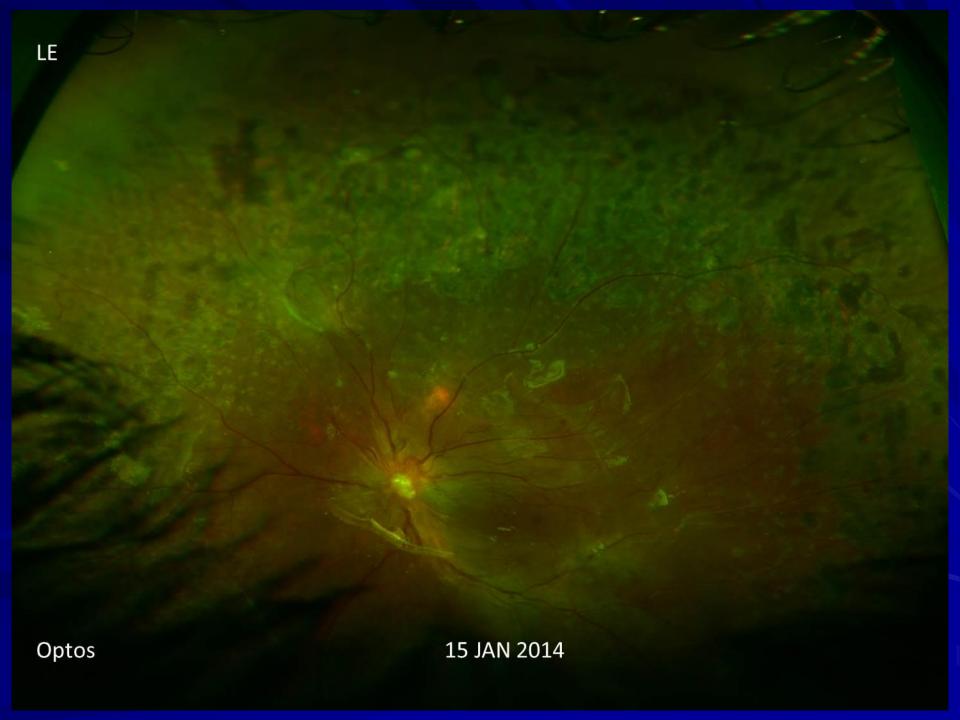












Methods

- 235 young adults with T1DM attending transitional diabetes clinics were identified
- Demographic and Clinical data, including HbA1c, were extracted
- H&C numbers of these patients were used to search the NI Diabetic Eye Screening database (DESPNI)
- Attendance at the past 2 appointments offered (over an 18 month period) and most recently documented severity of eye disease were recorded

Results

- 12 patients were not known to DESP-NI
 - Average DM duration was 10.85 years
- Screening offers
 - All 223 were offered screening
 - 121 were offered one
 - 102 were offered more than one appointment
- Screening attendance (at most recent appointment)
 - 95 did not attend (45.3%)
 - 6 postponed/cancelled

Actions

Placed a camera to the Transition Clinic

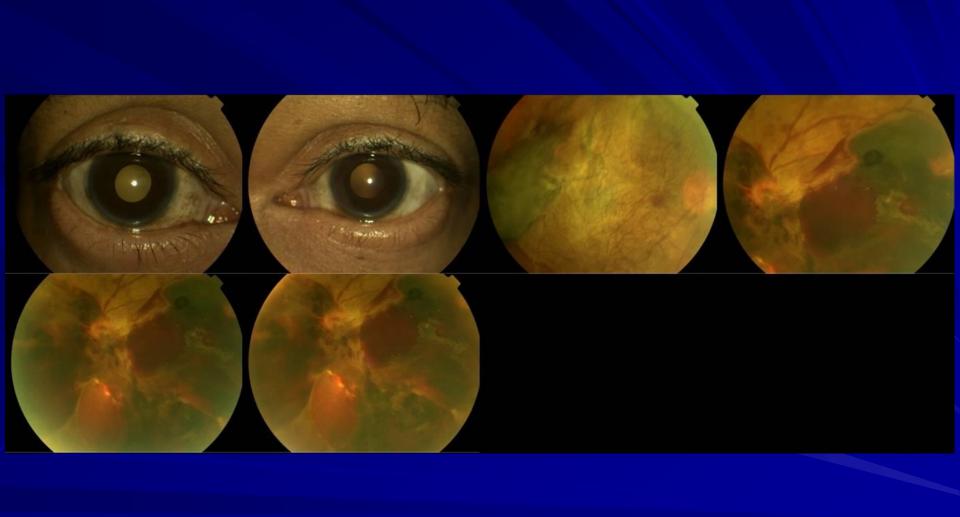
Attend Patient/parent support groups

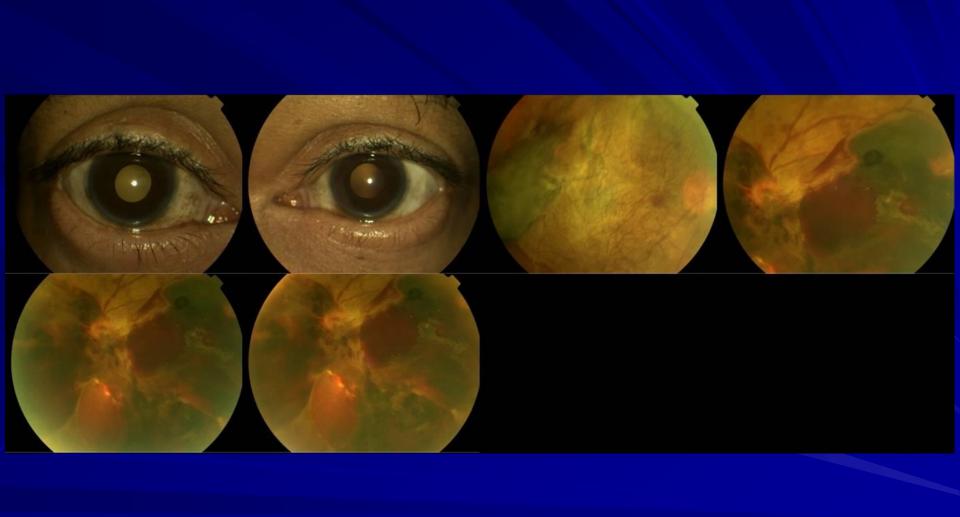
Attend Diabetes Camps

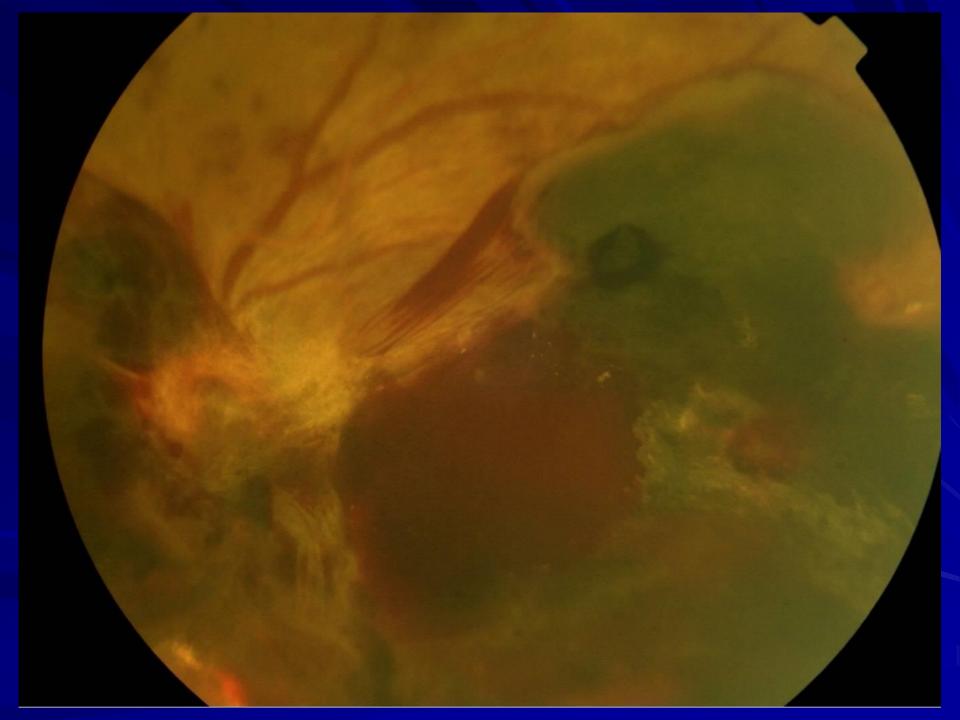
- Over 90% attendance achieved in 18 months!
- Pregnancy pathway followed suit

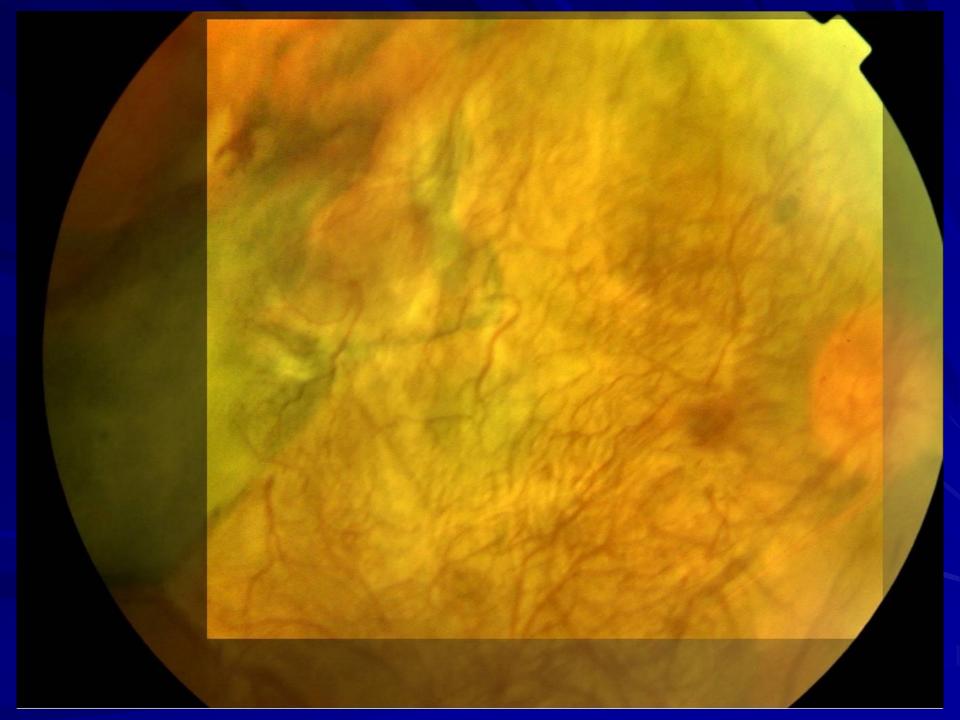
The difference is

	Mean HbA1c (range; mmol/ml)	Frequency of HbA1c /year	Average Non response (NR) and DNA's	es	Mean HbA1c (range)	Frequenc y of HbA1c /year	Average DNA's and Non respons es	P Value
			NR DNA				NR DNA	
16-19	66.7 (49- 82)	1.78	0	0	90 (61- 171)	1.2	4.9 2.2	0.01
20-23	70.0 (45- 123)	2.2	0	0	82 (42- 146)	1.4	4.9 2.2	0.04
24-27	69.1 (42- 112)	2.2	0	0	75.5 (45- 118)	0.9	4.7 2.2	0.31









Where did this go so wrong?

- Young patient, does not wear glasses
- Visually not demanding job
- Not keen on reading/writing, does not have access to computers

Online

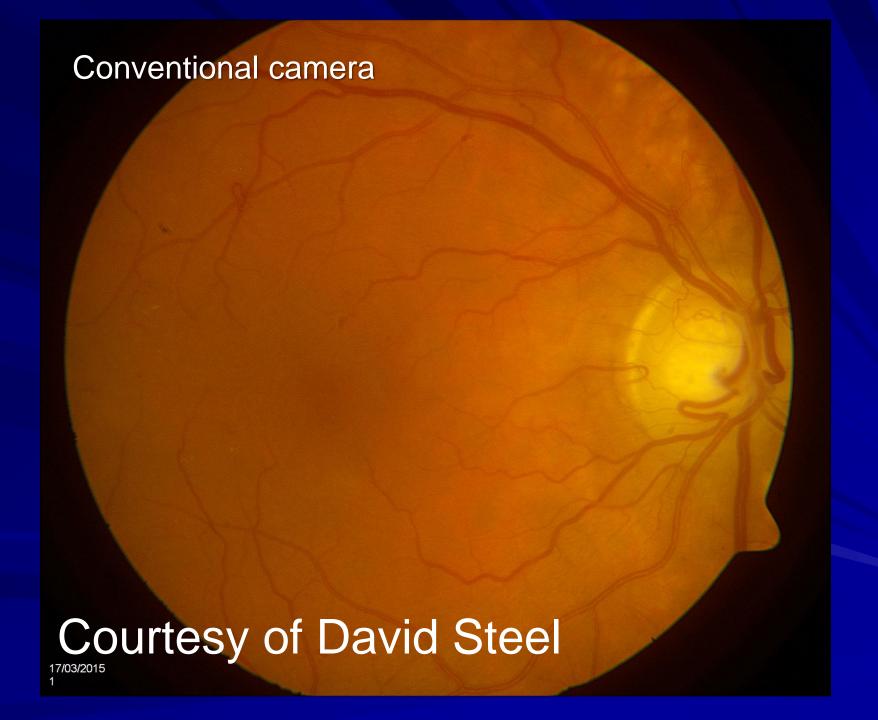
Female patient classified as hard-to-reach by the Breast Cancer Screening programme:

- DNAd two appointments
- Cancelled and rebooked 3 more before attending the final one
- Did not answer phone calls

■ This patient is characterised by.... in 3 words

New cameras, imaging modalities

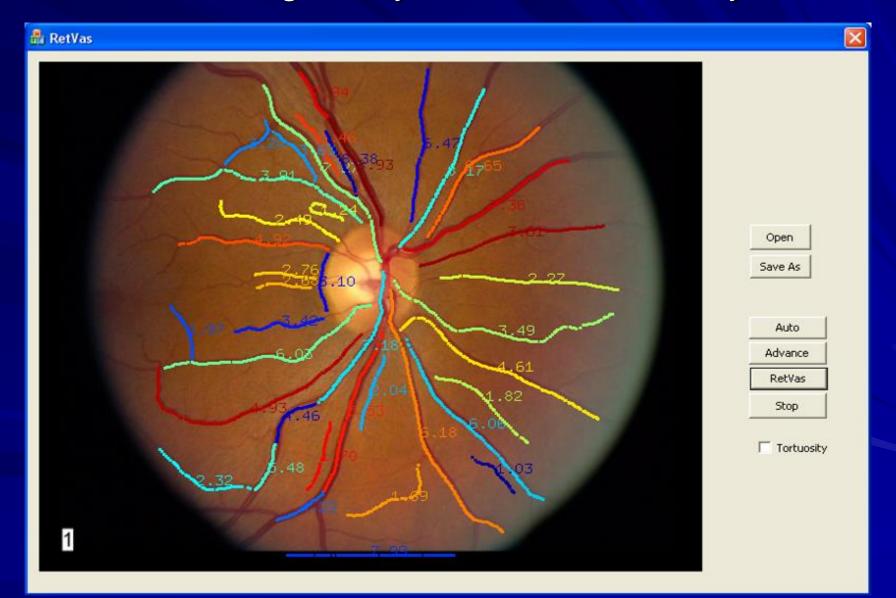








Working with physicians: vascular measurements Putting the eye back into the body!



Diabetes 15 HEALTHCARE 15 ESSENTIALS

DIABETES UK CARE, CONNECT, CAMPAIGN.

There's a minimum level of healthcare everyone with diabetes should receive:

- Your blood glucose levels measured (HbA1c blood test)
- Your blood pressure measured and recorded
- 3 Your blood fats (cholesterol) measured
- Your eyes screened for signs of retinopathy
- Your feet checked
- 6 Your kidney function monitored

- 7 Your weight checked and your waist measured
- 8 If you smoke, support to help you quit
- A care planning review
 to discuss and agree
 goals between you and
 your healthcare team
- 10 Access to a local diabetes education course
 - If you are a child or young person, care from specialist diabetes paediatric healthcare professionals

At least once a year

- 12 Continuing highquality diabetes care when you're in hospital
- 13 If you're a woman who is planning to have a baby, high-quality support from specialist diabetes healthcare professionals from preconception through to post-natal care
- 14 Help from specialist diabetes healthcare professionals to manage your diabetes
- 15 Emotional and psychological support