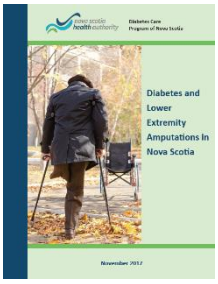
nova scotia health authority | Diabetes Care Program of Nova Scotia

Diabetes and Lower Extremity Amputations (LEAs) in Nova Scotia 2017

Foot problems are one of the most serious complications of diabetes, leading to significant physical suffering and financial burden. For more than 25 years, the Diabetes Care Program of Nova Scotia (DCPNS) has provided ongoing leadership for a number of initiatives that focus intensive prevention efforts on patients at the highest risk for foot problems, while promoting population-based prevention messages to the broader diabetes population. Since 2007, specific actions from ***The Diabetic Foot in Nova Scotia: Challenges and Opportunities*** have been realized; however, the importance of this work continues and needs to grow.



Diabetes and Lower Extremity Amputations in Nova Scotia expands on the 2007 report. We are most pleased to see a 55% reduction in the rate of LEAs among people with diabetes between 1996/97-2012/13, exceeding the decrease observed among those without diabetes (50%). This outcome is extremely positive, especially in light of the growing number of adults with diabetes (from 5% to 11%). Again, building on the 2007 report, the ***Call to Action*** in our most recent report includes a number of recommendations and actions that span the health and wellness continuum from health promotion to prevention and disease management.

Although the rate of lower extremity amputations (LEAs) is declining, LEAs remain a **significant problem** in Nova Scotia…especially for people with **diabetes**

The LEA rate over time (1996/97- 2012/13) reflects the number of people who had an LEA divided by the total population

Between 1996/97 and 2012/13, the LEA rate **decreased more** among people with **diabetes**

55% among people with Diabetes vs **50%** among people without Diabetes

During the same period, the prevalence of diabetes **doubled**

from **5** out of **100** to **11** out of **100**

Which means the same number of LEAs are being performed annually among people with diabetes

281 LEAs per year in Nova Scotia

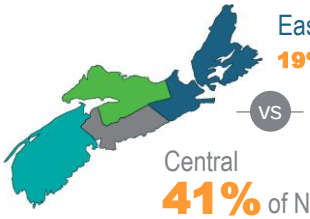
Diabetes **194** vs No diabetes **87**

Annual number was **stable** over time for people with diabetes while it **decreased** over time for people without diabetes

By 2012/13, **78%** of LEAs were performed on people with **diabetes**

There were **more** LEAs in **Eastern Zone** than expected based on the number of adults living there. This excess burden likely reflects…

Ageing population • Excess chronic disease • Barriers to care



Eastern **19%** of NS adults, but **28%** of the LEAs

vs

Central **41%** of NS adults, but **29%** of the LEAs

People with **diabetes** who had an LEA were in hospital **1-4 days longer** than people without diabetes, regardless of the level of the LEA

Data Source: Diabetes Care Program of Nova Scotia. *Diabetes and Lower Extremity Amputations in Nova Scotia*, November 2017 Click here to access the **complete report** and **companion slide deck** OR go to http://diabetescare.nshealth.ca/reports-statistics/reports

For people with **diabetes**, the LEA rate was **2x** higher among **males** than females

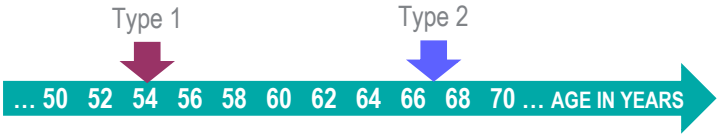
Males **28** PER 10,000 VS Females **13** PER 10,000

For **working age adults** (20-59 YEARS) with **diabetes**, the LEA rate was

52x HIGHER

than for people without diabetes

At first LEA, people with **type 1** diabetes were **13 years younger** than people with type 2



Regardless of type, **half** of the people with diabetes **died within 5-6 years** of their first LEA

RECOMMENDATIONS

EDUCATE HEALTH PROFESSIONALS

- Make routine, documented, annual foot assessments and risk rating part of basic diabetes care
- Use standard foot assessment tools and supporting materials across settings and disciplines
- Convene a follow-up Diabetes Foot Care Roundtable

EDUCATE PEOPLE WITH DIABETES

- At diagnosis and routinely thereafter about potential foot problems and preventive practices
- Provide resources to guide how and when to access the healthcare system when the need arises
- Develop targeted materials and interventions for the most vulnerable, high-risk populations
- Partner with Diabetes Canada and consider the use of mass and social media to educate the general public

FOOT CARE

- Provide provincial healthcare coverage for routine foot care among people with moderate to high-risk feet

FOOTWEAR

- Develop guidelines for provincial needs-based healthcare coverage for appropriate footwear, orthotics, and off-loading devices for people with diabetes

TREATMENT

- Establish satellite clinics outside urban areas of practice from existing Vascular Leg Ulcer Clinics
- Develop criteria and approved mechanisms for direct referral to supportive foot care/vascular services
- Embed standard foot assessment tools and alerts within electronic medical records (EMRs)

PSYCHOSOCIAL DETERMINANTS OF HEALTH

- Ensure primary care providers are aware of community resources
- Ensure foot care is provided using a holistic approach to prevention and treatment that considers the whole person and not just the foot pathology