Levels of social deprivation, as well as how well a patient controls their blood sugar, is an independent risk factor for mortality in people with type 1 diabetes. These are the findings of new research presented at this year's annual meeting of the European Association for the Study of Diabetes in Barcelona, Spain. The research is by the Diabetes Clinical Academic Group at King's Healthcare Partners, UK, and presented by Dr Stephen Thomas, Dept of Diabetes and Endocrinology, Guy's and St Thomas' Hospitals NHS Foundation Trust (GSTT), London.

Despite advances in care in recent decades, patients with type 1 diabetes continue to have increased mortality and morbidity. "In order to optimise specialist services with the aim of improving outcomes, this study set out to determine modifiable factors that influence mortality in type 1 diabetes," says Dr Thomas.

The researchers analysed blood sugar control (HbA1c levels), demographics and health resource utilisation data collected over a 10 year period for a cohort of 1038 patients with type 1 diabetes attending two inner city London specialist diabetes outpatient clinics. (GSTT and King's College hospital) All patients attending the service in 2002 with HbA1c data, a measure of blood glucose control, available for each year from 2002 to 2004 and with ongoing follow-up within the clinics until 2010 were included. Economic status was determined using the index of multiple deprivation (IMD) a weighted deprivation score derived from a national dataset based on postcode of residence.
The group had a mean age at baseline of 42 years and had had diabetes for a mean of 18 years. The average baseline HbA1c between 2002 and 2004 was 8.1%. In total, 37 deaths occurred by 2012 (3.6% cumulative mortality). Those who died were on average older with a higher mean baseline HbA1c (9.1%) Having a baseline HbA1c over 9.0% carried a cumulative 10-year morality that was significantly increased at 9%. Those who died were more likely to be socially deprived, with 61% of deceased patients having scores in the poorest 20% of the population range (mean IMD score 32 points deceased vs 24 points for patients still alive). Age, HbA1c and deprivation were all independent risk factors for death of patients with type 1 diabetes.

Dr Thomas concludes: "Glycaemic control and social deprivation are independent risk factors for mortality in type 1 diabetes and identify areas where we need to target interventions to improve health outcomes."

He adds: "This data analysis is ongoing and offers the possibility of much needed insights into where healthcare outcomes need to be addressed."

Provided by Diabetologia

Citation: Study shows social deprivation a key factor in mortality in type 1 diabetes (2013, September 24) retrieved 30 August 2023 from https://medicalxpress.com/news/2013-09-social-deprivation-key-factor-mortality.html

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