

Diabetes wellness visits reduce risk of amputation, study finds

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Patients with diabetes who participate in a free Annual Wellness Visit covered by Medicare are 36% less likely to need an amputation, a new study from University of Virginia School of Medicine researchers and

their collaborators found.

The researchers analyzed data from 2006 to 2015 for patients with Medicare in the "Diabetes Belt," 644 counties in the southeastern and Appalachian regions of the U.S. with higher rates of [diabetes](#). The Diabetes Belt includes the state of Mississippi as well as portions of Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Virginia and West Virginia. Patients living in the Diabetes Belt had 27% greater odds of requiring a lower-extremity [amputation](#) compared to residents of counties surrounding the belt.

However, the odds of an amputation were 36% lower for patients that used their free Annual Wellness Visit that year compared to those who did not attend an Annual Wellness Visit regardless of where they lived, the researchers found.

"Our results confirmed our hypothesis that Annual Wellness Visits are associated with a reduced risk of major lower-extremity amputations, highlighting the importance of connecting patients to preventive care services," said Jennifer Lobo, Ph.D., a researcher in UVA's Department of Public Health Sciences.

The value of preventive diabetes care

People with diabetes are at higher risk for serious health complications, including blindness, [kidney failure](#), stroke and heart disease, as well as the loss of toes, feet or legs. Because complications from diabetes generally cannot be reversed, preventive care is the best way to avoid or delay these complications.

The researchers found that there were lower rates of diabetes-related foot complications diagnosed in the Diabetes Belt compared with

surrounding counties, which may point to delayed diagnoses that can lead to amputations.

Patients with diabetes who participated in their Annual Wellness Visit may have had their foot complications diagnosed sooner, helping prevent amputations, the researchers believe. Patients using their Annual Wellness Visits may also be more engaged in their care, the researchers suggest, which may reduce the risk for more serious complications. Policy makers should prioritize incentives for patients with Medicare to use their annual [wellness](#) visits, the researchers conclude, to help reduce diabetes-related amputations.

The researchers also found significantly higher rates of diabetes-related amputations among non-Hispanic Black patients compared with non-Hispanic White patients both inside and outside the Diabetes Belt. The researchers recommend additional resources or policy changes—such as increased diabetes education or the use of patient navigators that help guide patients through the healthcare system—to address systemic barriers that are preventing non-Hispanic Black patients with diabetes from accessing the preventive care they need to prevent amputations.

"While Annual Wellness Visits are a free visit for qualified Medicare beneficiaries, additional incentives or resources to overcome systemic access to care barriers are needed to support patient attendance," Lobo said. "Patient education about the value of Annual Wellness Visits and [preventive care](#) could also help improve utilization of Annual Wellness Visits, hopefully reducing the rate of major amputations."

The researchers presented their findings June 5 at the American Diabetes Association's Scientific Sessions in New Orleans.

More information: Conference:
professional.diabetes.org/scientific-sessions

Provided by University of Virginia

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