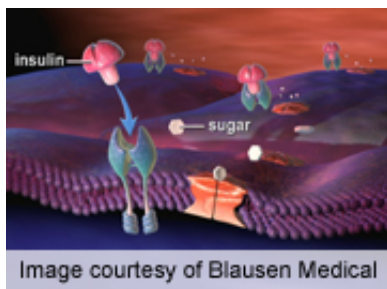


Italian study shows gender disparity in diabetes care

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Compared to Italian men, women in Italy receive a poorer quality of diabetes care, and although difficulty attaining an ideal low-density lipoprotein cholesterol level appears to be mostly related to pathophysiological factors, patient and physician attitudes play an important role in other process measures and outcomes, according to a study published online July 8 in *Diabetes Care*.

(HealthDay)—Compared to Italian men, women in Italy receive a poorer quality of diabetes care, and although difficulty attaining an ideal low-density lipoprotein cholesterol (LDL-C) level appears to be mostly related to pathophysiological factors, patient and physician attitudes play an important role in other process measures and outcomes, according to a study published online July 8 in *Diabetes Care*.

Maria Chiara Rossi, from Consorzio Mario Negri Sud in Santa Maria Imbaro, Italy, and colleagues utilized [electronic medical records](#) to evaluate quality-of-care indicators for clinical data collected in 2009 for 415,294 patients (45.3 percent women) from 236 diabetes outpatient centers in Italy. Both intercenter variability and gender-specific differences in monitoring for specific parameters, reaching clinical outcomes, and drug treatment were investigated.

The researchers found that despite receiving [insulin treatment](#), women were significantly more likely than men to have glycated hemoglobin

(HbA1c) >9.0 percent (odds ratio, 1.14). In addition, they were significantly more likely to have LDL-C \geq 130 mg/dL, in spite of lipid-lowering treatment (odds ratio, 1.42); and were significantly more likely to have [body mass index](#) \geq 30 kg/m² (odds ratio, 1.50). Foot and eye complications were less likely to be monitored in women. The percentage of men reaching the LDL-C target was higher than women in 99 percent of centers. Similarly, the proportion of patients reaching the HbA1c target was higher in men in 80 percent of the centers. There were no differences in blood pressure.

"These findings underline the need for diversifying the care and specializing the support provided to men and women based on sociodemographic, clinical, and psychological characteristics," the authors write.

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More information: [Abstract](#)
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