

Presenting Author: Jon J Snyder

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Corresponding/Presenting Author: Jon Snyder MS

Department/Institution: Nephrology Analytical Services

Address: 914 South Eighth Street, Suite D-206, Minneapolis, Minnesota, 55404

Phone: 612-347-3903 **Fax:** 612-347-5878 **E-Mail:** nas@nephrology.org

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Diabetic Care in the Dialysis Population, a Comparison of HD and PD.

Jon J Snyder¹, David T Gilbertson¹ and Allan J Collins^{1*}. (Sponsored by Allan Collins)

¹Nephrology Analytical Services, Minneapolis, MN.

Since diabetes is a leading cause of renal failure, proper maintenance and care of the diabetic patients within the ESRD population is critical in maintaining the health of this population. This study attempts to look at how well diabetic HD and PD patients are receiving care and services related to their diabetes. We studied four measures of diabetic care: 1) HbA1c testing, 2) use of diabetic testing supplies, 3) lipid monitoring, and 4) diabetic eye exams.

All patients with a stable dialysis modality on day 91 of therapy were classified as HD or PD according to USRenal Data System criteria. The HbA1c measure and the diabetic eye exam measure were calculated following HEDIS 2000 specifications. The HbA1c, use of diabetic testing supplies, and lipid monitoring measures include patients who initiated prior to 1/1/1999 and follow patients through 12/31/1999. The diabetic eye exam measure includes patients who initiated therapy prior to 1/1/1998 and follows patients through 12/31/1999. Results:

Measure	HD (Total N)	PD (Total N)	Odds Ratio
HbA1c	51.1% (39,407)	52.9% (3,386)	1.17**
Use of Diabetic Testing Supplies	31.7% (39,407)	46.8% (3,386)	1.90**
Lipid Monitoring	45.1% (39,407)	57.4% (3,386)	1.64**
Diabetic Eye Exam	45.2% (27,825)	48.9% (2,134)	1.16*

*P<0.001; **P<0.0001

Our study results show PD patients are more likely to have HbA1c tested, use diabetic testing supplies, have their lipids monitored, and have their eyes examined. Based on these criteria, DM management appears to be more active in the PD population compared to the HD population