

## **SAND abstract No. 21 from the BEACH program 2000–2001**

### **Subject: Diabetes —prevalence, management and screening**

**Organisation supporting this study:** Aventis Pharma Pty Ltd

**Issues:** This sub-study investigated the prevalence, management and risk factors for diabetes in general practice patients. Blood glucose screening for patients with risk factors for diabetes was also examined.

**Sample:** 2,810 respondents from 95 GPs; data collection period: 24/10/00 – 27/11/00

**Method:** Details are in the paper entitled 'SAND Method' on this web site (<http://www.fmrc.org.au/beach.htm>). A risk factor list provided to patients on a card was based on information from the International Diabetes Institute and the Diabetes Association. Risk factors included ethnic background, family members with diabetes, age > 50, history (females) of gestational diabetes, babies >4.5kg at birth, multiple miscarriages/still births, personal history of central obesity, hypertension and lipid disorders.

### **Summary of results**

The age and sex distribution of these respondents was similar to those for BEACH as a whole, the majority of respondents (57.3%) being female.

The prevalence of diagnosed diabetes in this patient population was 7.2% (n=201), patients with Type 1 diabetes comprising 1.1% (n=32) while 6.0% (n=169) of patients had Type 2 diabetes. On average, diabetic patients were older (mean age 65.7 yrs) than non diabetic patients (mean age 43.3 yrs).

Medication was part of the treatment regime for 75.6% (n=152) of the 201 diagnosed diabetic patients, and 71.1% (n=133) of these medications were initiated by the GP. The most common generic medications used in the management of diabetes for these patients were metformin, gliclazide, glibenclamide and insulin products. A diet program was part of the treatment regime for 84.1% (n=169) of patients, while 62.7% (n=126) of patients used an exercise program as part of the treatment regime.

One in four respondents (n=759, 27%) had not been diagnosed with diabetes, but were identified as having two or more risk factors for diabetes. Of these patients 706 (93.0%) had previously had their blood glucose levels tested. The GPs nominated 179 patients (23.6%) with two or more risk factors for diabetes who would have their blood glucose tested as a result of this encounter, 26 (14.3%) of these being tested for the first time.

For 90 (50.3%) of the 179 patients who were to be tested as a result of this encounter, the GPs nominated that they would implement a diet program for the patient if the test results indicated hyperglycaemia. Exercise programs would be introduced by GPs for 67 (37.3%) patients if test results indicated hyperglycaemia, while 13 (7.5%) of these patients would be referred to a specialist on indication of hyperglycaemia.

As 93% of patients with two or more risk factors for diabetes had already been tested for hyperglycaemia, it would appear that GPs are playing a pro-active role in screening for diabetes among the general practice population. Diet plans and exercise programs are the preferred initial management option for newly diagnosed hyperglycaemic patients.

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