

POSTER ABSTRACT

Adequacy in diabetes care outcomes before and after the onset of comorbidity: a retrospective cohort study in Korea

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Introduction: Multiple chronic diseases (MCD), defined as co-occurrence of 2 or more diseases, are common clinical feature, particularly among older people. Nevertheless, the presence of other diseases is often ignored in managing a target disease. We explored the status of care quality (eg, continuity of care) and clinical outcomes (eg, glucose control and hospitalization) among diabetes patients according to the differences in types of MCD.

Methods: Newly diagnosed 23684 diabetes patients between 2003 and 2007 were drawn from National Sample Cohort of a retrospectively retrieved National Health Insurance Data and then followed until 2013. Comprehensive disease list were developed to include 161 chronic diseases in concordant with Chronic Condition Classification. Among these, 10 most frequent diseases such as cancer, hyperlipidemia and hypertension were selected to compare differences in diabetes management before and after the onset of second disease, additional to diabetes. Changes in the management over a prior and preceding year were analyzed by fitting multivariate regression model.

Results: Diabetes comorbidity was prevalent among the elderly people during 10 to 6 years follow-up (77.2% for those with age more than 60 vs 35.7% for those with age between 30 and 59). Deterioration of diabetes management was prominent when combined with fatal condition (eg, cancer). However, the impact of the co-occurrence of second disease had contributed to better management for specific combinations such as hyperlipidemia than diabetes alone. Worsening of diabetes care was generally larger for those of lower socioeconomic groups but no gains for primary care attendants. (Data analysis to be completed)

Conclusion: The association between adequate diabetes care and co-occurrence of comorbid disease varies depending on the types of additional disease as well as socioeconomic status. The current practices focusing more on a fatal disease may lead to negligence in diabetes care.

Keywords: multiple chronic diseases; comorbidity; diabetes care; primary care
