



op02 Oral Presentation

National and population-wide programs for diabetes prevention and care

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Audit of diabetes services by a national improvement programme in Kuwait

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Aims: Diabetes Care Programme (DCP) is a national programme, established to improve the quality of care provided for diabetic patients at the PHC setting in Kuwait. Key strategies included the development and distribution of clinical practice guidelines and standards for diabetes care, training courses, and a monitoring and evaluation system. The aim of this study is to evaluate performance of diabetes care processes and outcomes, and to estimate the proportion of diabetic patients who achieved the recommended targets

Methods: Using data from the 2005-2007 surveys, audit of diabetes services provided for 1700 diabetic patients on 2004/2005 in 34 PHC centers from five health regions was conducted. Performance on diabetes care processes and outcomes was measured. The percentages of diabetic patients meeting recommended targets for HbA1c (<7%), blood pressure (<130/80), total cholesterol (<5.2 mmol/l), LDL cholesterol (<2.6 mmol/l), HDL cholesterol (>1.0 for men and >1.3 mmol/l for women), and triglycerides (<1.7 mmol/l) was estimated.

Results: Most patients (95.8%) had type 2 diabetes. Mean age was 54.6±12.4 years. More than half of the patients were male (51.5%), and the majority (68.3%) were Kuwaiti citizens. The median duration of diabetes was eight years, and 38.7% of the patients were treated by combination of metformin and sulphonylureas. The percentage of patients who were assessed for smoking status was 59.6% and 10.1% were current smokers. The percentage of patients who received retinal examination and a urinary microalbumin/protein test was 21.7% and 27.0%, respectively. BP was recorded for 74.9% of patients, and HbA1c was assessed for 40.2% of patients. Half of the patients were assessed for triglycerides (49.8%) and total cholesterol (50.5%), and one third of the patients were assessed for LDL-C (31.0%) and HDL-C (32.8%). Only 17 % and 12.7% of patients met the HbA1c and BP targets respectively; only 46% and 47.3% of patients met the recommendations for triglycerides and total cholesterol, respectively; only 25.4% and 18.6% of patients met the recommendations for HDL-C and LDL-C, respectively. Health region and clinic, use of structured visit sheets, age, gender, nationality, and modality of treatment affected the processes and outcomes of diabetes care.

Conclusion: Continued efforts and intervention strategies by health care planners are needed to overcome the barriers and further improve diabetes services in Kuwait.

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