CAN BETTER COLLABORATION BETWEEN HOSPITAL AND PRIMARY CARE IMPROVE THE MANAGEMENT OF THOSE WITH DIABETIC NEPHROPATHY?

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PROBLEM Diabetes mellitus affects at least 3% of adults in the UK (Audit Commission, 2000) with numbers of those with Type II diabetes increasing because of the ageing population and levels of obesity. Consequently, it is likely that the rate of established renal failure (ERF) due to diabetes will be increased in the years ahead (Roderick et al, 2002). At present, diabetic nephropathy is the cause of ERF in 18% of new patients requiring dialysis (Renal Registry, 2002). Although the percentage of new patients with diabetes on dialysis in the UK does not appear to be increasing, in the US and much of Europe the increasing rate of diabetic nephropathy (up to 40% of patients on dialysis) is a cause for concern.

PURPOSE The aim is to identify is whether the transition to ERF can be delayed by more effective care and management. It could be questioned whether overworked GP's and practice nurses (who often run nurse-led diabetes clinics) are making prevention of deterioration of renal function one of the priorities of care. It could also be that patient education initiatives are inappropriate, unworkable and under-researched. The best way to effectively manage diabetic nephropathy is to empower patients with knowledge of their condition and likely outcomes. It is therefore likely that a patient-centred education programme at primary care level, may have benefits in terms of reduction of progression of renal disease and improvements in the numbers of those who are referred late.

DESIGN This is an ongoing four-year research project and this abstract describes the first part of the study. An experienced renal nurse collaborated with a regional diabetes centre and around thirty practice nurses. The renal nurse observed diabetes care in four GP practices and baseline audit data (such as measurement of deterioration of renal function, BP, glycaemic control) from patients with a positive microalbuminuria are to be collated.

FINDINGS There are large variations in care of patients with diabetic nephropathy in the community and there is tremendous scope for improving renal management through better collaboration between primary and tertiary care.

CONCLUSION The next stage of the study will involve interviewing patients who have some degree of renal impairment – the aim is to develop an appropriate and patient-centred education model. The model could include an algorithm for best practice in diabetes-renal care, teaching materials for health care professionals and patient-centred learning materials (pamphlets, videos, CD-ROM). Audit data would be collected throughout the study to see if there can be improvement in the parameters that lead to the deterioration of renal function by implementation of the education programme.