

Preventive Care Lacking for Diabetic Women

BY MIRIAM E. TUCKER

ATLANTA — Women with diabetes in the United States frequently are not receiving recommended and needed preventive services.

Women with diabetes who are at the extremes of the life cycle, are poor, and are poorly educated appear to be at the greatest risk for not receiving either diabetes-specific or general preventive care services, according to the findings of a report from the Agency for Healthcare Research and Quality and the Centers for Disease Control and Prevention.

Data on women aged 18 and older with and without diabetes were obtained from three large nationally representative databases: The Medical Expenditure Panel Survey, 2004; the National Health and Nutrition Examination Survey, 1999-2004; and the National Health Interview Survey, 2005. The report is one of the few such documents to examine any women's health issue by age across the lifespan, Michelle D. Owens-Gary, Ph.D., said at the annual meeting of the American Association of Diabetes Educators.

Although the data are a few years old, they still represent the current situation, coauthor Dr. Gloria L.A. Beckles said in an interview.

"The notion that this is any different in 2009 than in 2004 is a myth. Things change very slowly in chronic disease delivery of care, which depends on the organization of systems. It's not just going to change overnight," said Dr. Beckles, an epidemiologist, who works with Dr.

Owens-Gary, a behavioral psychologist, at the CDC's Division of Diabetes Translation, Atlanta.

Overall, 92% of 1,276 women with diabetes surveyed in 2004 reported having received a hemoglobin A_{1c} measurement in the past year. However, there was a gradient with age, with older women having the greatest likelihood of an HbA_{1c} test and the youngest having the lowest. The proportions for those aged 18-44 years, 45-64, and 65 and older were 84%, 91%, and 96%, respectively. The youngest adult women "could be a vulnerable population we need to pay more attention to," Dr. Owens-Gary noted.

Compared with HbA_{1c} testing, the proportions of diabetic women receiving recommended annual retinal eye exams and foot exams were far lower. In all, 67% of 1,595 respondents reported having had a retinal exam in the past year. By age group, the proportions were 47%, 66%, and 75%, respectively, for those aged 18-44, 45-64, and 65-plus. Foot exams were somewhat more frequent, with 70% of 1,556 total reporting having received one in the past year, and 61%, 74%, and 69%, respectively, from the youngest group to the oldest.

Receipt of all three diabetes-specific preventive care services was less than 50% for all age groups: 45% of a total 1,430 respondents, and just 30% of the 18- to 44-year-old group, 49% of the 45-64 group and 47% of those aged 65 years and older. There were no significant ethnic differences in receipt of the three recommended services. In women of all ethnic origins, the percentage receiving

all three recommended preventive care services was low, ranging from 41% (Hispanic, all races) to 51% (non-Hispanic, African American).

By family income, the women who were poor or near-poor were less likely than were those with diabetes from households with high income to have received all three services, ranging from 38% for the lowest quartile to 57% for the highest, she said.

For Pap tests and mammograms, there were no significant differences across the life stages for women with and without diabetes: 71% of 1,336 with diabetes and 79% of 14,967 without reported having a Pap smear within the past 3 years. Among women over 40, 66.5% of 6,829 with diabetes and 66.8% of 8,887 without reported having a mammogram in the past 2 years. There was no significant difference for receipt of Pap test or mammogram by race/ethnic group.

The proportion of women over 50 who had ever received a colonoscopy, sigmoidoscopy, or proctoscopy did not differ between 1,031 with diabetes (48.5%) and 6,041 without (48.4%). However, younger women were less likely to receive them than were older women, and Hispanic women with diabetes were less likely than were white or African American women with diabetes to be screened for colon cancer. Women with less than a high school education and those with the lowest family incomes also were less likely to receive Pap smears, mammograms, or colonoscopies, she reported.

Women with diabetes were more likely than were those without to have re-

ceived an influenza vaccination in the past 12 months (50% vs. 22%). However, the rate is still low considering that all persons with diabetes are recommended to receive annual flu shots. And younger women with diabetes were far less likely than were those older to be immunized, with just 33% of those aged 18-44 receiving the shot, compared with 43% of those aged 45-64 and 65% of those aged 65 and above. Hispanic women with diabetes had the lowest rate of all racial/ethnic groups, at 39%, compared with 55% of whites. And again there was a gradient by family income, ranging from 42% for the lowest quartile to 55% for the highest.

"This study demonstrates that women in the reproductive years are a vulnerable population for receipt of low levels of preventive care services. We tend to focus on race and ethnicity when we talk about disparities. This study showed that we found very little difference across racial/ethnic groups. However, we see that being young, poor, or near poor, and having low educational levels, places women with diabetes at risk for suboptimal care in various areas," Dr. Owens-Gary said.

Health care providers "should consider the vulnerable populations identified when providing outreach and in designing, monitoring, and evaluating the impact of programs," she concluded. ■

The report, entitled *Women With Diabetes: Quality of Health Care, 2004-2005*, is available online at <http://tinyurl.com/QualityofCareReport>.

Caregivers Look to Physicians for Diabetes Education

BY SHERRY BOSCHERT

Family members and friends who take care of adults needing help managing diabetes are most likely to seek information from a physician, followed closely by the Internet, an online survey of 1,002 caregivers suggests.

The take-home message for physicians is that they are truly critical to caregivers' ability to help people manage their diabetes and they need to make conversations with caregivers a priority "no matter how little time they have," said Paula Correa, director of the Hormone Foundation, which conducted the survey along with the National Alliance for Caregiving, Eli Lilly & Co., which markets drugs for diabetes, funded the survey.

According to the caregivers, patients struggle most with diet and exercise (listed by 54% of respondents), followed by the medical management of diabetes (49%).

The survey, conducted in April 2009, is the first of its kind to focus on the needs of unpaid caregivers of people with diabetes, as opposed to paid home care aides or workers in assisted living facilities, Ms. Correa added. The results are available at www.hormone.org/Public/diabetes_caregiver.cfm.

A total of 89% of respondents said they get diabetes care information from physicians. The Internet is a source of diabetes care information for 69% of respondents. (See box.)

Frustration in trying to find reliable information on the Internet was reported by 63% of respondents. Frustration also was expressed by 49% from having to

wade through commercial content on the Internet, 37% said they get too many search results, and 33% had difficulty finding information specific to their needs.

The Hormone Foundation, the public education affiliate of the Endocrine Society, indicated that it plans to incorporate the findings in the development of a new Web site called Diabetes Caregiver Central to provide unpaid caregivers with the resources they need in one location. The site is slated to launch by the end of 2010.

Although caregivers as a whole scored 74 out of a total score of 100 on a five-question quiz of diabetes knowledge, they showed confusion about hemoglobin A_{1c} goals. Only 40% could identify the recommended HbA_{1c} levels, and 51% were unsure.

Only 25% said they felt "informed" about diabetes and its potential complications when they first started taking care of a person with diabetes.

In the areas of diet and exercise, 59% reported that the person with diabetes either cannot or will not exercise, and 50% said the person does not want to follow a healthy diet. Consistent maintenance of blood sugar levels at targets was a significant issue for 43%, and 43% reported episodes of hypoglycemia requiring immediate action. Respondents said the person with diabetes was depressed in 45% of cases, and 40% said the person experiences memory loss, confusion, or symptoms of Alzheimer's disease.

Forty-one percent said they were having great difficulty managing diabetes plus other medical problems, and 37% reported difficulty manag-

ing blood sugar levels and preventing hypoglycemia. Dealing with insurance forms and reimbursements was a difficult issue for 26%. Twenty percent of respondents said that it is very difficult "communicating with the physicians who treat my loved one's diabetes," yet only 3% wanted more information on how to communicate with the physician or the loved one.

More information on diet and exercise issues was desired by 26% of respondents, 17% wanted more information on medical issues, 13% requested more information on medications, and 12% sought additional help understanding blood sugar management. ■

