

# Patient Not Often Informed About Risk of Diabetes

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NEW ORLEANS — Despite a higher risk of diabetes in some ethnic/racial groups, physicians are not discriminating and neglect to inform most patients about their risk, according to a study presented at the annual conference of the Society of Teachers of Family Medicine.

An estimated 6.6% of adults in the United States have type 2 diabetes. The prevalence is greater in African Americans—an estimated 10%—and slightly greater among Hispanics at 10.4%. An estimated 11% of overweight Americans aged between 45 and 74 years have undiagnosed diabetes, and another 23% have prediabetes (Diabetes Care 2003;26:645-9).

"Incidence rates continue climbing. The rate of diabetes among Latino males is increasingly more than other gender or

**'We are not providing disproportionately poor care.' There is no difference in whether folks were informed or not when we looked at race and ethnicity.**

racial groups. With growing representation of Latinos, this issue is only going to become more and more important," said John G. Ryan, Dr.PH.

Efforts by physicians to prevent or delay diagnosis of diabetes among all patients are

equally poor, regardless of subgroup, said Dr. Ryan of the department of family medicine and community health at the University of Miami. "The bad news is we are not informing patients about their risk. The good news, if you want to call it that, is we are not providing disproportionately poor care."

Dr. Ryan and senior research associate, Fulton Velez conducted a cross-sectional study of 2,411 consecutive patients who presented to 16 primary care practices in the South Florida Primary Care Practice-Based Research Network. The aim was to identify the prevalence of undetected diabetes among high-risk patients. Participant mean age was 49 years and 67% were female. The mean body mass index was 28.5. More than half, 62%, were low-income, publicly insured patients.

The researchers used the American Diabetes Association Risk Assessment Ques-

tionnaire to determine risk of type 2 diabetes. This interactive seven-question test was used to calculate a diabetes risk score (DRS). The investigators also used the one-page Behavioral Risk Factor Surveillance System to ascertain if the participants' physicians had told them they had diabetes or were at risk.

A minority (22%) had been told they had diabetes. The researchers focused on the remaining 78% and studied these 1,880 participants further. Of the remaining pa-

tients, 892 (47%) had a DRS of 10 or more and were considered high risk.

"We then looked at this high-risk group to see if they were informed or not informed they were at high risk," Dr. Ryan said. "The majority of this group had not been informed: 84%, or 746 participants."

There was a difference in risk according to race and ethnicity, which was "sort of intuitive," Dr. Ryan said. However, when patients were divided according to informed versus not informed status, there

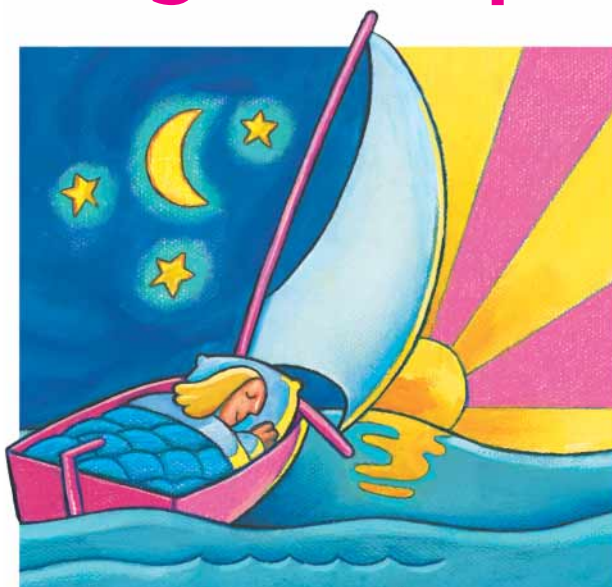
were no differences by race or ethnicity.

"So even though there is a difference in the risk categories, there is no difference in whether folks have been informed or not informed when we look at race and ethnicity," Dr. Ryan said.

Possible limitations of the study include recall bias, validity of the American Diabetes Association screening tool when used to screen publicly insured patients, and variation in individual physician practices. ■

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