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Association of social determinants among adult patients seen in primary care with uncontrolled diabetes mellitus type 2

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Background: Control of diabetes remains a significant population health problem throughout the US. This study identified factors, specifically social determinants associated with community dwelling individuals who have uncontrolled DM type 2. Charlson morbidity score and demographics were also determined.

Method: Records of adult patients ages 18-75 with diagnosis of DM type 2 empaneled to either Family Medicine or Community Internal Medicine in two primary care clinic sites between 1/1/2021 and 1/31/2022, who has a hemoglobin A1c of 8% or higher and who gave authorization to have their records accessed, were reviewed. Social determinants of health captured included tobacco use, housing, food insecurity and social connections.

Results: A total of 1596 empaneled adult individuals had hemoglobin A1c of 8% or higher. Sixty one percent were male (N=976); majority were of Caucasian race and non-Hispanic ethnicity. Close to 50% belonged to the age group of >50-65 years and 62% were married or had a partner. Over 68% (N=1,092) fell under the category of obesity with BMI ≥ 30 . Median hemoglobin A1c was 8.9%. The mean Charlson morbidity score was 4.

When study population was divided into tertiles based on A1C level (A1c 8 to <9; A1c 9 to <12 and A1C 12 and higher), there was a statistically significant difference observed demographically by age, marital status and BMI. Those aged 30-65 years, single or have obesity, fell within higher A1c tertiles (p-value of <0.0001, <0.0001 and 0.0095 respectively).

Majority (84.9%) reported not using tobacco in the last 30 days and over 80% responded negatively to housing questions which reflected lapse in mortgage or rent payment lapsed, and lack of steady place to stay. While 75% were not worried about food insecurity, over half reported no affiliation with any group or organization. There was increased odds of having food insecurity and decreased social connection among those in higher hemoglobin A1c tertiles (A1c ≥ 9).

Conclusion: Social determinants in particular, food insecurity and social connections, were associated with odds of having uncontrolled diabetes mellitus type 2 among adult patients seen in primary care. Addressing this care gap would potentially improve diabetes control.

Biography

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