

The challenge of 'hard to reach patients' with diabetes

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High risk groups

1. Adolescents and young adults*
2. Serious mental illness *
3. Black Minority Ethnic Groups
4. Serious learning difficulties
5. Traveller families*
6. Refugees-Recent Migrants
7. SocioEconomic deprivation
8. Frail elderly – housebound or long term care

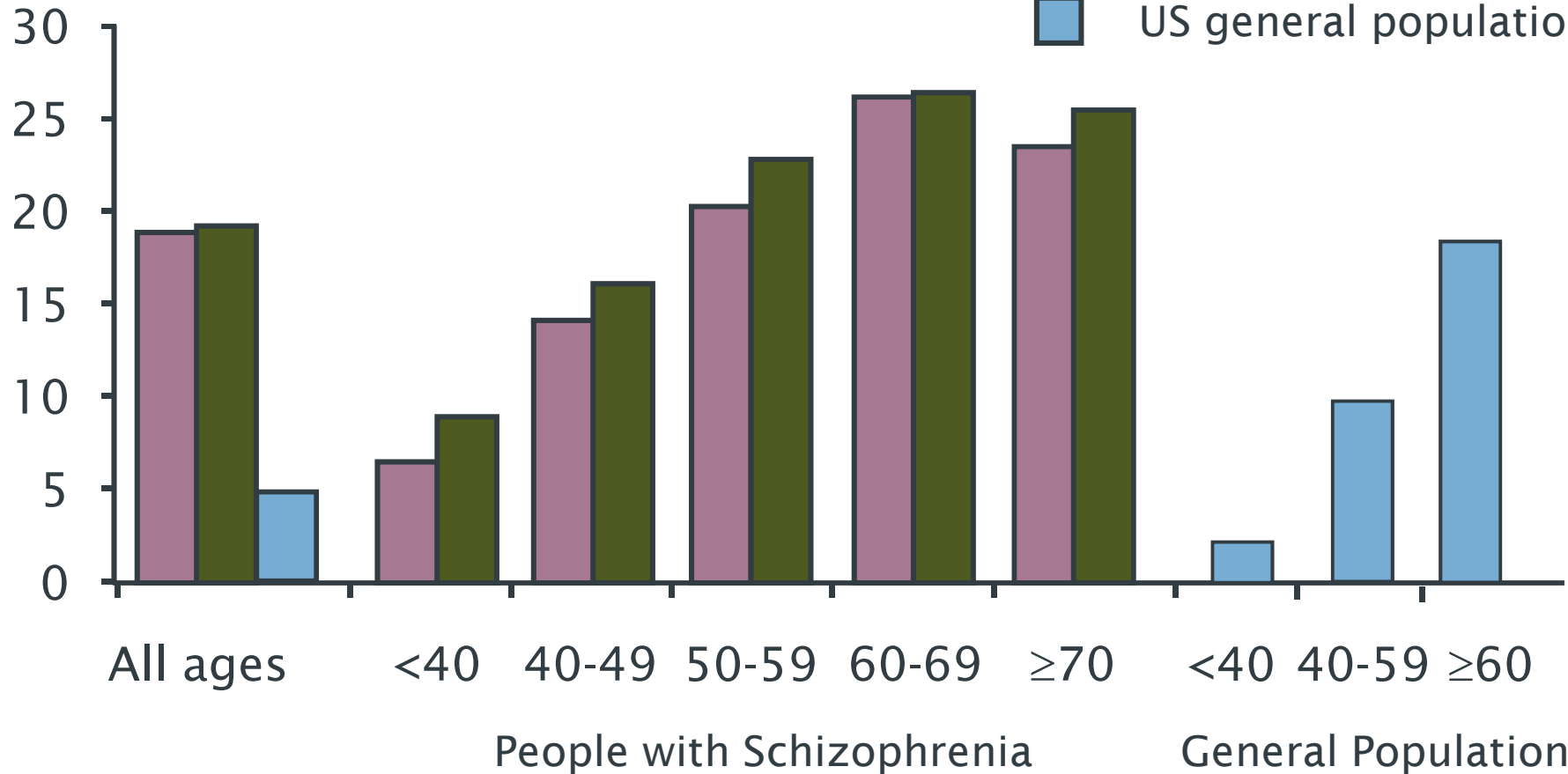
Challenges in Care of CYP

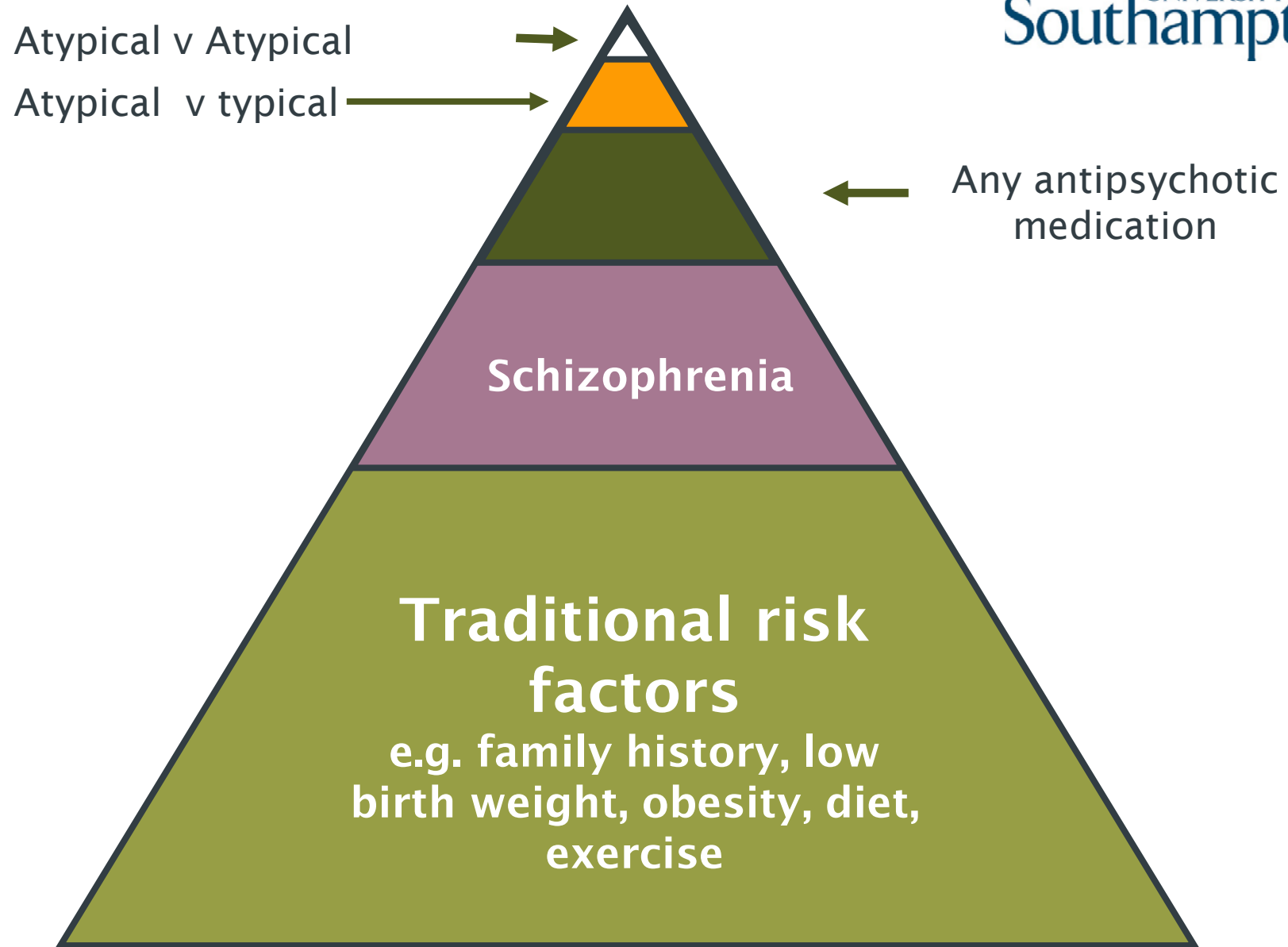
- 250 (30%) aged 16-30 non engaged with care in EN Herts
- 120 annual admissions with DKA
- NDA and Scottish DM registry data on renal retinal morbidity and premature mortality

USA Prevalence study

Percentage
with
Diabetes

- Typical Antipsychotics
- Atypical Antipsychotics
- US general population





Consequences of diabetes in SMI

- 74% more likely to develop acute complications
- More likely to develop chronic microvascular complications
- 2-3 more likely to develop cardiovascular disease
- 6.14x more likely to die from DM

Conclusions

- T2DM and obesity are commonly seen in those with serious mental illness
- AAPD have a relatively modest role but trigger DM and weight if predisposed
- Metabolic monitoring pre and post APD Rx should be routine
- DM should be managed in primary care
- ? Role for psychiatry use of metformin

Challenges in 'hard to reach' patients

1. Lack of engagement with traditional service models
2. Limited access to adult psychology
3. Apparent limited efficacy of behavioural change in those without SMI
4. Care of obese patients with SMI under primary care and mental health
5. Managing complex disease if learning and cultural issues

Solutions ?

- Audience and colleagues to provide please !