

What is the impact of DAFNE on out-patient secondary care?

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Introduction

Structured education for type 1 diabetes aims to enable people to effectively manage their condition leading to morbidity and mortality gains: an obvious benefit for the individual and a potential saving for the NHS. Economic evaluations predict a cost saving to the NHS over 10 years due to decreased complications rates from improved diabetes control (Shearer et al 2004). There is little published evidence of the effect on the number of hospital visits received following an education course.

Aim.

To investigate the effect of a DAFNE course on visits to healthcare professionals in diabetes secondary care.

Method.

Demographic data on adults attending our first nine DAFNE courses was collected from DAFNE baseline questionnaires.

Biomedical data and number and type of visits were retrieved from the computerised patient record system (VECTOR R)

Visits to the doctors, specialist nurses, dietitians, podiatrists and psychotherapist within the diabetes centre were recorded for the three years prior to and the three years following a DAFNE course.

Demographic data.

Data available on 54/67 patients

20/54 male (37%) 34/54 female (63%)

Age (mean+range) 38y (18-60)

Duration of diabetes 18y (1-46)

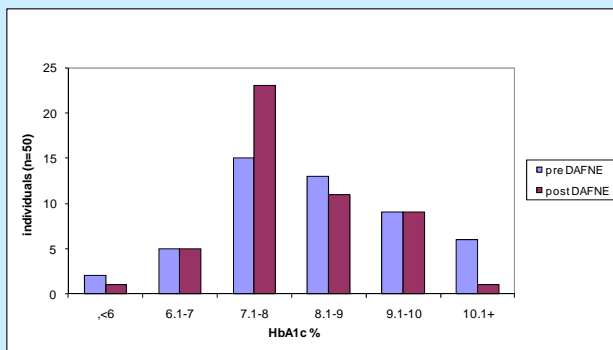
Ethnicity: 49 white (90%)
3 African Caribbean (5.5%)
2 South Asian (4%)

HbA1c results

Mean HbA1c pre DAFNE 8.4% (5.9-12.9)

Mean HbA1c 3 years post DAFNE 7.9% (6.0-10.3)

Significant mean reduction of 0.5% (-2.7- +0.8) (p=0.001)



HbA1c in 54 individuals prior and post DAFNE course

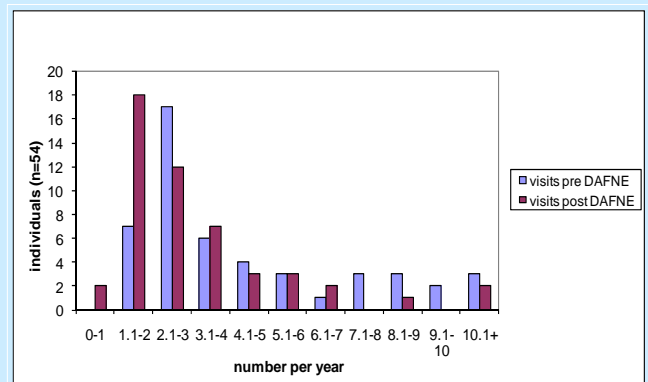
Diabetes centre out patient visits.

Visits per year (mean+range)

Prior to DAFNE 4.7 (1.5-18.5)

Post DAFNE 3.3 (0.75-14.3)

Significant reduction of 1.4 visits per person per year (p= 0.001)



Frequency of visits pre and post DAFNE

Other outcomes

6 successful pregnancies within 2 years of completing DAFNE

12 (22%) transfers to csii post DAFNE

11 (20%) documented as having psychological support (pre and / or post DAFNE)

Conclusion

This audit shows significantly fewer visits to secondary out-patient care following completion of a DAFNE course whilst indicating a need for ongoing psychological support.

A DAFNE programme can lead to a short-medium term reduction in out-patient follow-up with a sustained improvement in HbA1c. DAFNE should prove cost effective in both the short and long-term.