**Abstract Submission – 15 minute, 30 minute, 1 hour oral session or poster**

**Title**

A rural registry and chronic care model for chronic kidney disease and diabetes

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**Background**

Chronic kidney disease (CKD) is a significant health burden in Australia, with diabetes being one of the major risk factors for CKD. Patient registers are seen as an important tool in systematically measuring the population at risk for end stage kidney disease. Patients in rural Australia are at higher risk for both diabetes and CKD.

**Aims**

This project aimed to quantify the prevalence and stages of chronic kidney disease in a primary care cohort of diabetic patients in rural Australia. It also aimed to compare cardiovascular outcomes in this cohort with risk prediction tools in common use in Australian General Practice.

**Method**

This was a retrospective cohort study of the New England Diabetes Program (NEDP). The NEDP

was a registry of diabetes patients in the New England region, NSW, that collected data on 2572 patients from 1997-2014. Data analysed was patient age, gender, type of diabetes, length of diagnosis, HbA1c, urine albumin/ creatinine ratio, BP, BMI and lipids, clinical complications and medications used.

**Results**

Patients who were immediately categorized as high risk (>15% risk of CVD in the next 5 years) were those patients over 60 (all our cohort were patients with diabetes), patients who had microalbuminuria or macroalbuminuria, a Systolic BP >180 or Diastolic BP >110, or Total Cholesterol >7.5.

The remainder of the patients had their risk calculated according to the Framingham Risk Equation using the Australian cardiovascular risk charts and web calculator: www.cvdcheck.org.au Patients were categorized with a 5 year cardiovascular risk on the basis of their clinical parameters recorded in their first review on the Diabetes Program.

Patients’ cumulative reports over the subsequent 5 years were analysed for their reported cardiovascular disease status.

**Conclusion**

This study adds to our knowledge on the progression of CKD and cardiovascular risk in the primary care setting.

**References** (If applicable)