

Declining Rates of Hospitalization for Diabetes-Related Nontraumatic Lower-Extremity Amputation in Connecticut, 1999-2009

Hartford – Data from the Connecticut Department of Public Health show that the rates of hospitalization for diabetes-related nontraumatic lower-extremity amputation (abbreviated here as “NLEA”) have been declining in Connecticut since 1999.

Age-adjusted diabetes-related NLEA hospitalization rates declined 36.4 percent among Connecticut adults 40 years and older between 1999 and 2009 (75.5 and 48.0 discharges per 100,000 population, respectively).ⁱ This decline occurred despite a 37.3 percent increase in the age-adjusted prevalence of diabetes among Connecticut adults 40 years and older (7.3% in 1999; 10.0% in 2009).ⁱⁱ Connecticut trends are similar to those nationwide. Nationally, age-adjusted diabetes-related NLEA hospitalization rates declined 21.4 percent among adults in the same time period, while the overall prevalence of diabetes among adults increased by 50 percent.ⁱⁱⁱ

Diabetes is the leading cause of NLEA. Between 1999 and 2009, approximately 70 percent of NLEAs among Connecticut adults 40 years and older were attributable to diabetes. Nerve damage, circulation problems, and foot infections resulting from poorly controlled diabetes and other modifiable risk factors (ex. high blood pressure and high cholesterol) lead to an increased risk for NLEA. National experts believe that improved control of blood sugar, high blood pressure, and high cholesterol, along with improvements in foot care among people with diabetes have contributed to the decline in diabetes-related NLEA hospitalization rates. Future work to decrease the rates of diabetes-related NLEAs should focus on evidence-based interventions to prevent or delay the onset of diabetes and other NLEA risk factors.^{iv}

The Connecticut Diabetes Prevention and Control Program works with partners to decrease the rates of diabetes and diabetes-related complications by:

- increasing access to diabetes self-management education and the Chronic Disease Self-Management Program;
- increasing access to evidence-based lifestyle interventions to prevent or delay onset of type 2 diabetes among people at high risk (ex. Diabetes Prevention Program); and
- improving quality of clinical care for populations with greatest diabetes burden and risk to improve control of A1C, blood pressure, and cholesterol, and to promote tobacco cessation.

For more information visit www.ct.gov/dph/diabetes and www.ct.gov/dph/diabetesdata.

ⁱ Connecticut Department of Public Health (DPH). (2012). Acute Care Hospital Inpatient Discharge Database (HIDD). CT DPH, Hartford, CT.

ⁱⁱ CT DPH. (2012). Behavioral Risk Factor Surveillance System (BRFSS) surveys. CT DPH, Hartford, CT.

ⁱⁱⁱ Centers for Disease Control and Prevention (CDC). (2012). Diabetes Data & Trends. Retrieved June 21, 2012, from <http://apps.nccd.cdc.gov/DDTSTRS/default.aspx>.

^{iv} Li, Y., Ríos Burrows, N., Gregg, E. W., Albright, A., & Geiss, L. S. (2012). Declining Rates of Hospitalizations for Nontraumatic Lower-Extremity Amputation in the Diabetes Population Aged 40 Years or Older: U.S., 1988-2008. *Diabetes Care*, 35:273-277.