

cance, these included: indigenous background, smoking history, gender and type of ulceration. **Conclusion:** Patients with ESRF on haemodialysis who have a past history of ulceration and have diabetes mellitus are at risk of having lower limb amputations. Primary prevention of diabetes in the sub-population may help in reducing the limb loss. Further prospective studies on a larger population are needed to confirm our findings.

An Evaluation of Body Surface Area Covered by School Uniforms in Queensland Primary Schools

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Background / Aims: To conduct a baseline assessment of body surface area coverage of school uniforms in primary schools in five Queensland regions. **Methods:** In 2012/2013, the surface area (SA) of the body covered by the most prominent regulation summer school uniform was assessed using body maps, allocating a percentage for each section of the body, excluding the head. **Results:** 482 uniforms (243 boys and 239 girls uniforms) from 244 primary schools (Mackay 40, Rockhampton 37, Mt Isa 21, Toowoomba 60 and Sunshine Coast 86) were assessed. 222 (91.0%) schools were metropolitan/urban and 22 (9.0%) were rural/remote. Ninety-nine (20.5%) private and 383 (79.1%) state school uniforms were assessed. The total SA ranged from 58.3% to 65%, with 91.5% covering a SA of 61.9%. The majority of dresses (81.8%) covered 50.9% of the body. Skorts, shorts, culottes, ruggers and skirts covered around 20%, shirts around 30%, and shoes/socks around 12%. The proportion of uniforms covering 62.4-65% of body SA was very low, and there were significant differences between locations: Toowoomba (12%), Rockhampton (9.6%); Mackay (6.2%), Sunshine Coast (3.5%) and Mt Isa (0%) ($p=0.014$). There were no significant differences in SA between boys and girls uniforms ($p=0.273$). 19.2% of private schools had a SA of 62.4-65%, compared to 3.4% of public schools. ($p=0.000$). **Conclusion:** The body surface area covered by summer school uniforms did not provide children with adequate protection from ultraviolet radiation and skin cancer risk. Further work with primary schools in Queensland is needed to improve sun protection afforded by school uniforms.

An Evaluation of Sun Protection Policies in Queensland Primary Schools

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Background / Aims: To conduct a baseline assessment of sun-protection policies in primary schools in seven Queensland regions. **Methods:** Sun protection policies were obtained from primary schools in Queensland's 7 largest population centres. They were evaluated according to criteria developed from The Cancer Councils guide to being SunSmart. Points were awarded for each criterion up to a maximum total score of 12. **Results:** In 2012/2013, sun protection policies were obtained from 533 primary schools (Brisbane 230, Sunshine Coast 84, Gold Coast 72, Toowoomba 51, Mackay 41, Rockhampton 36, Mt Isa 19). 512 (96.1%) schools were metropolitan/urban; 21 (4.0%) were rural/remote; 528 (99.1%) were co-educational; 485 (91%) were primary only; and 335 (62.9%) were public. Sun protection policy scores ranged from 0-12 (with 12 the highest score); median score was 2.0. 69.8% of policies scored 0, 1 or 2. SunSmart hats and clothing were mentioned in the majority (87.8% and 95.1%) but all 10 other elements suggested by The Cancer Council were mentioned in less

Pattern of Diabetes Limb Amputations: Review of Two Regional Centres in Queensland

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Background / Aims: Diabetes limb amputation (DLA) is common in Australia's Queensland with notable regional variations in clinical features. Despite this, there is no comparative study of DLA in the 2 regions -north and south Queensland. The aim of the study was to determine clinical characteristics of DLA at The Townsville Hospital (TTH) compared with South Queensland's Gold Coast Hospital (GCH). **Methods:** Clinical data for all DLAs from the 2 tertiary hospitals were retrospectively reviewed for a 3 year-period from 2009 to 2011. **Results:** Fifty DLAs were recorded at GCH and 31 for TTH. 35% of the subjects at TTH who had DLAs were Aboriginal and Torres Strait Islanders (ATSI) compared to 2% in GCH $\chi^2 = 17.3$, $P<0.001$. The mean age, number of previous amputations and male-female ratio were similar in both centres. **Conclusion:** We reported high proportion of DLAs in the ATSI's North Queensland. Primary prevention of diabetes foot ulcer in the Indigenous Australian diabetic population may reduce DLA in the region. Further studies on larger population are suggested to confirm our findings.

Prevalence of Limited Joint Mobility in Elderly Diabetics at The Townsville Hospital

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Background / Aims: Limited joint mobility is a form of musculoskeletal complication affecting system well described in young diabetics (DM). Its prevalence in the elderly DM is not extensively investigated. Identifying LJM by simple clinical examination is likely to help as a screening tool for further assessment of other complications of DM in the geriatric population who are at a higher risk of co-morbidities. The aim of the study was to evaluate whether presence of diabetes increase the risk of LJM in the elderly subjects. **Methods:** A total of 88 subjects aged >70 years were prospectively assessed at the Townsville Hospital diabetes and gerontology departments. Of this number 47 were diabetics while 42 non-DM subjects served as control group. Clinical prayer sign examination and quantitative goniometric assessment of DM and non-DM controls were done. **Results:** Prevalence of LJM among DM patients was higher 19/47 (40.4%) compared to 7/41 (17%) in non-DM controls $\chi^2=5.72$, $P<0.05$. Mean age for DM was lower 76 ± 0.8 (SE) vs 81 ± 1 years; $P = 0.027$. Duration of DM was higher 23.8 ± 3.4 years compared with 12 ± 2 in non-DM, $p<0.05$. Retinopathy was commoner in DM with LJM 42% vs 11% in DM without LJM $\chi^2 = 6.2$, $P<0.05$. **Conclusion:** We report high prevalence of LJM in the elderly. The musculoskeletal complication correlates with occurrence of DM eye disease. Further prospective studies are required to confirm our findings.