PBDB1
A COMPARISON OF STANDARDS OF DIABETES CARE ACROSS DIFFERENT RACIAL/ETHNIC GROUPS IN THE UNITED STATES NON-INSTITUTIONALIZED ADULT POPULATION: A STUDY USING THE 2009-2010 NHANES COHORT
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OBJECTIVES: To compare the quality of diabetes care across non-Hispanic whites and Blacks and Hispanics in the United States using selected American Diabetes Associa-
tion standards of care. There are few studies using large federal databases evaluating disparities among racial/ethnic groups in diabetes care. The last one was conducted using the Medicare Expenditure Panel Survey 2000-2001 cohort. This study adds a more comprehensive assessment of the Standards. METHODS: Data from the Na-
thional Health and Nutritional Examination Survey 2009-2010 cohort was used to com-
pare quality markers such as diabetes-related access to care (physician and diabetes specialists), medication (self-monitoring, dietary habits, tobacco use, alcohol con-
sumption and co-morbidities (prevalence, treatment and monitoring) across the racial/ethnic
groups. We used one-way ANOVA and chi-square test to compare continuous and
discrete variables across Whites, Blacks, Hispanics and other. RESULTS: Overall, this group had a mean age of 61.14, 51% were male, 60% had no more than a high school diploma, and 55% had an income <$35,000. Only age and education level were different across groups (p<0.05). Average blood pressure and total cholesterol levels were at goal except for hemoglobin A1c which was 7.3% ± 1.7 and different across groups (p<0.003). We found that the use of insulin, frequency of blood glucose moni-
toring, foot and exam in the last year, nurse educator/nutritionist/dietician visits, and
diabetic retinopathy, hypertension and hyperlipidemia diagnoses were significantly different across groups (p<0.05). CONCLUSIONS: A possible relationship between race/ethnicity and adherence to various standards of diabetes care may exist. A more rigorous epidemiologic study is needed to confirm our findings.

PBDB2
DIABETIC KETOACIDOSIS GAP ANALYSIS. POPULATION PERSPECTIVES FROM LAKE COUNTY, IL, USA
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OBJECTIVES: In this study we performed Diabetic ketoacidosis (DKA) gap analysis for the residents of Lake County, IL based on the hospital discharge data collected between 2001-2009. METHODS: The hospital discharge data between 2001-2009 for primary discharge diagnosis of DKA was analyzed. All patients (< 4 yr to > 85yr) were categorized in 10 age groups and comparative analysis were performed. Pa-
tient cases for DKA were identified using ICD-9 codes for DKA (codes 250.10, 250.11, 250.12, 250.13). RESULTS: N= 827,355 discharge records were screened. Overall there were N=1788 cases that were discharged with the primary diagnosis of DKA in the United States in the years 2001-2009. The crude national age-adjusted rate was 1.007/10,000 in 2005. The adjusted rate per 1000 patients was 21.5 cases per 1000 patients (31.6 in < 44 y, 3.4 in 45-64y and 1.4 in patients > 65y). There were N=933 female and N=855 male cases. The overall age-
adjusted rate per 1000 patients was 4.0 ± 0.136 cases. The most frequent length of stays were 1 day (n=288), 2 days (n=466), 3 days (n=419) or 4 days (n=254). Analysis of data based on residential zip codes (n=68) identified three suburbs with a high percentage of Hispanics and blacks with the highest reported cases (Waukegan = 363 cases, Zion = 163 cases and North Chicago= 109 cases). The overall age-adjusted DKA rate in Waukegan was 6.19 ± 0.46 cases per 1000 patients which is significantly greater than the average calculated rate for residents of Lake County [OR=1.54 (1.40-1.68), P<0.0001]. CONCLUSIONS: Data suggests a high rate of age-adjusted discharge rate for DKA in parts of Lake County, IL, USA. Village of Waukegan with a large percentage of Hispanic and black population has a significa-
tantly higher odds of hospital discharge with the diagnosis of DKA compared to rest of the Lake CITY.

PBDB3
PREVALENCE AND INCIDENCE OF TYPE 2 DIABETES MELLITUS: AN ANALYSIS BASED ON 5.4 MILLION PATIENTS
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OBJECTIVES: To evaluate the aims of this contribution are to update and more precisely quanti-
fy the existing data concerning age/gender-specific prevalence and incidence of type 2 diabetes mellitus (T2DM) in an European setting (Germany). METHODS: To fulfill the aims of the study, a population-based analysis of the claims data col-
lected by a statutory health insurance fund, and concerning its 5.4 million mem-
bers, was done. A patient was classified as T2DM prevalent if he/she had received at least one inpatient and/or two outpatient diagnoses of T2DM (ICD10 code E11) in