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Description of the Prediabetes Population in a Provincial Diabetes Registry. MARGARET J. DUNBAR\*, ZLATKO KARLOVIC, ELIZABETH A. CUMMINGS. Diabetes Care Program of Nova Scotia (DCPNS), Halifax, NS.

Prediabetes is of growing interest for those engaged in chronic disease prevention and management.

The DCPNS Registry (DReg) implemented centrally in 1994, captures demographic and visit data on all new referrals (all ages) to individual Diabetes Centres (DCs). Information collected includes DoB, gender, DoDx, type of DM, treatment, and type of visit (newly diagnosed, follow-up, etc.). In selected DCs using the DReg on-site, follow-up visits as well as process and outcome measures are also collected including clinical parameters; DM, BP, and lipid meds; and self-care practices.

In this descriptive study, we reviewed all prediabetes cases (isolated IFG and isolated IGT) with a new Dx between Apr. 1, 1994 and Mar. 31, 2004. IFG cases appeared in the DReg starting 1998/99. Cases of both IFG and IGT (2) were excluded as this category was introduced with the 2003 CDA CPGs in Dec. 2003.

3,333 eligible prediabetes cases were recorded (1,262 IGT; 2,071 IFG). This makes up ~ 7% of the DReg cases. Fewer cases of IGT (34% of the total) were reported in the second 5 yrs after release of the 1998 CDA CPGs. IGT cases: 59% female; mean age at Dx 53.2 yrs. IFG cases: 48% female; mean age at Dx 55.7 yrs. Of the IGT cases, 235 (19%) converted to type 2 DM during the 10-yr period at a mean age of 58.0 yrs (mean time to conversion 4.3 yrs). Of the IFG cases, 114 (5.6%) converted to type 2 DM during the 5-yr period at a mean age of 56.2 (mean time to conversion 1.98 yrs).

Prediabetes makes up a significant number of referrals to NS DCs. IGT diagnosis declined after 1998 most likely related to the 1998 CPGs and the introduction of the IFG classification. Conversion rates vary by type of prediabetes. This type of data is useful for program planning and delivery. It will also be useful in comparison with administrative databases to better understand the development of comorbid conditions and utilization practices in the period of time leading up to and following a diagnosis with type 2 diabetes.

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