**Comparing management of cardio-metabolic risk in Diabetes Related Foot Disease: a retrospective audit**

**Introduction**

High Risk Foot Services (HRFS) presents unique opportunities for physicians to address cardio-metabolic risk management, as patient’s limb-threatening wounds may motivate re-engagement in wider healthcare.

**Aim**

To assess and compare cardio-metabolic risk management among treating medicos of a quaternary level hospital’s HRFS.

**Methods**

Starting from July 2024, a retrospective convenience audit of outpatients attending Liverpool Hospital’s HRFS was performed. HRFS medical governance is either Endocrinology or General Medicine/Vascular Surgeons. Clinical characteristics, biochemistry, and medications were recorded.

**Results**

This interim analysis of 3 months starts from July 2024; 47 patients were audited. Continuous data is expressed as mean±SD or median(IQR). Endocrinology managed 58% vs. NonEndocrine 42%. Age: 64±11.7 years; Male: 83%.

Type2 Diabetes: 98%, Type1 Diabetes 2%. Duration: 18±9.2 years; HbA1c (within 3 months) 7.8(6.9-8.7)% / 62(52-72) mmol/mol. Medication use frequency: metformin, SU, DPP4i, SGLT2i, & GLP1RA: 72%, 28%, 42%, 57%, and 26%, respectively. Insulin use: 77%, multiple daily injections: 78%.

Hypertension: 89%. SBP/DBP: 133±14.2 mmHg/73±7.5 mmHg. Frequency of ACEi, ARB, CCB, beta-blocker, and diuretic: 15%, 53%, 34%, 40%, and 38%, respectively. Serum creatinine: 102(59.5-144.5) umol/L, eGFR 62(30-96) ml/min/1.73m2, and urine A:CR 5.1(0-26.1) mg/mmol.

Dyslipidaemia frequency: 83%. Total cholesterol: 3.7±0.8 mmol/L; LDL 1.7±0.6 mmol/L. Frequency of statin, ezetimibe, and fibrate use was 77%, 13%, and 17%, respectively. 51% were on aspirin.

For the first 3 months no significant differences in HbA1c, SBP, DBP, LDL, creatinine, eGFR, or urine A:CR were found between patients managed by Endocrinology versus General Medicine, nor was there a difference in frequency of ACEi/ARB, SGLT2i, GLP1RA, statin, or aspirin use.

**Conclusion**

While glycaemic control, BP, and use of key medications (ACEi/ARB, SGLT2i, GLP1RA, statins, and aspirin) were not at target or do not meet recommendations, cardio-metabolic indices were close to target on this interim analysis. The completed analyses will determine if this conclusions holds.