**Does language make a difference?**

**Medication adherence among culturally and linguistically diverse people with diabetes-related-foot-disease**

**Background**

People with diabetes from culturally and linguistically diverse backgrounds (CALD) face different challenges in management their health care. Areas with high CALD populations can also be those with greater social-economic burden. Diabetes-Related-Foot-Disease (DRFD) is known to be associated with more complex diabetes mellitus and higher medication burden; does the combination of these factors impact on patient driven glycaemic management?

**Aims / Methods**

To assess medication adherence via a 5 question tool for people with non severe DRFD attending the leading High Risk Foot Clinic servicing South West Sydney, an area with higher rates of CALD peoples and lower social-economic standing that average Sydney or Australia.

The MAAS-5 tool measured responses across 4 values: never, rarely, sometimes, often. Ethnicity and primary language was self identified and supported by electronic medical records. Unfortunately interpreter availability limited involvement of those could not speak any English.

**Results**

Participants numbered 101, median (range) age 65 (23-91) years with 73% male. Non Caucasian ethnicity was common (40%) with that cohort made up of Pacific Islander 20%, Middle Eastern 18%, SE Asian 18% with 43% identifying otherwise. T2DM: 95%, 5% T1DM; duration of diabetes ranged 2-41years; HbA1c 7.8% (5.5-14%).

Median number of oral tablets 6 (0-30); 77% used injectables for DM management but 7% has no knowledge of their therapies. Majority (92%) believed taking medications was important but good adherence was seen in 72%. Omitting or missing a dose was reported in over 50% of respondents.

**Conclusion**

In this population of people with DRFD, living in a lower SE region of Sydney, CALD people made up nearly half the cohort, yet they achieved at least fair control of their DM despite complex regimens. Missing medications was not uncommon but nearly all agreed that medications were an important part of their diabetes management.