Improving patient outcomes by introducing a Renal Diabetes Multidisciplinary Team (MDT) Service

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Introduction
Diabetes Mellitus(DM) is the commonest cause of end stage renal failure in the UK. Patients with DM and Chronic Kidney Disease(CKD) are referred to the MDT service, consisted of a Diabetologist and a Nephrologist and specialist nurses. Either of the specialists sees the patient initially and presents to the MDT where management plans are made. Patients are either followed up or discharged with a clear guidance for management and re-referral criteria. We performed a 3yr audit of the service.
Methods
Data were collected from electronic patient records between February 2013 and January 2016. BMI, smoking status, medication history, HbA1c, blood pressure, eGFR, Urine ACR, PTH and rate of hypoglycaemia and awareness were compared before and after.
Results
88 subjects included, 59 male; median age 73 (range 18-91) with DM duration of 18 (3-50) years and varying stages of CKD. Mean HbA1C was 7.9+/-2% before MDT and 8+/-1.3% after MDT (P>0.05). Mean Systolic BP did not differ before and after MDT. eGFR declined by 2.5ml/min/1.73m2 per year after MDT with pre-MDT eGFR of 33.2+/-16.9ml/min and post-MDT 27.0+/-16.6ml/min (P>0.05). Thirty-two-percent (out of n=67) of Type 2 DM patients were on sulphonylureas pre-MDT,reducing to 14% (n=57) post-MDT (P= 0.00995). Our cohort was followed up for a median of 28months (range 10-58months) with all-cause mortality of 3.4%.
Conclusions
In our cohort,an MDT improved safety of prescribing and slowed down a decline of renal function. We also observed relatively low all-cause mortality.