



ARE THERE DIFFERENCES IN TYPE 2 DIABETES MELLITUS CONTROL BETWEEN CHINESE AND NON-CHINESE ORIGIN PATIENTS?



INTRODUCTION

Migratory movements, with an increase in the immigrant population in recent decades, can increase health inequities due to multiple factors.

METHODS

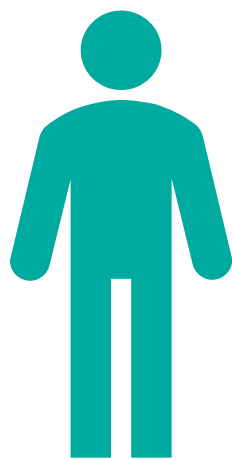
The poor control of T2DM was based on the health care quality criteria of the public health system of Catalonia.

Descriptive and retrospective study.
Patients with poor control of T2DM aged 15 to 79 attending a healthcare center in Barcelona from April 2022 to March 2023.
Data collection: age, sex, Chinese or non-Chinese origin, diabetic neuropathy or retinopathy screening, glycated hemoglobin A1c (HbA1c) and blood pressure levels.

RESULTS

From April 2022 to March 2023	Chinese origin	Non-chinese origin	Total
Patients with poor control of T2DM (%)	11 (42.31%)	590 (32.13%)	601 (32%)
Total patients with T2DM (%)	26 (7 %)	1837 (8.52%)	1863 (8%)
Total patients attended in this healthcare center with and without T2DM	400	21551	21951

The study collected data from 601 patients that have poor control of T2DM.

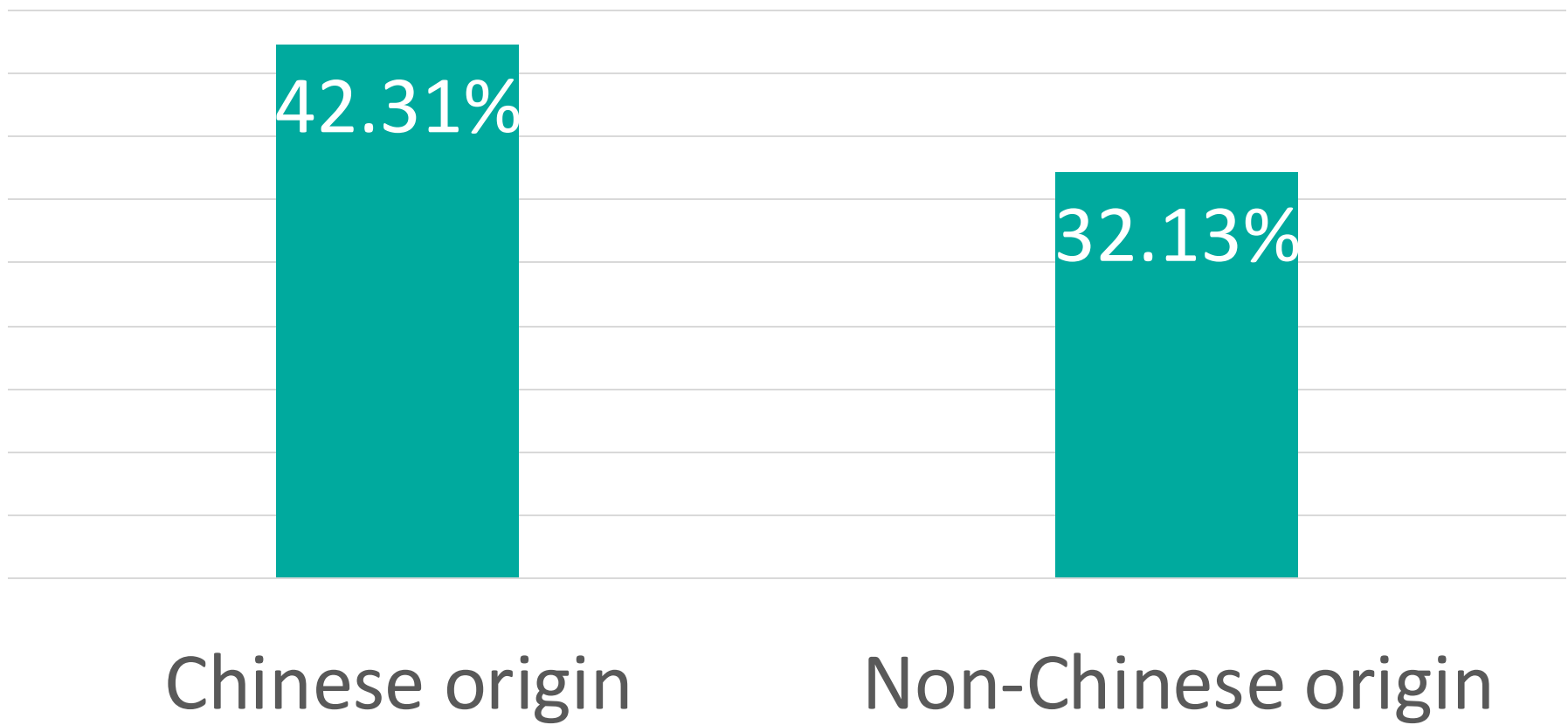


Mean (SD) age 65,5 (10,3)
Men: 60,1%
Chinese origin: 1,83%

From this preliminary data, there were no significant differences in the mean age between patients of Chinese (63.9) and non-Chinese origin (65.5).
The control of HbA1c was poorer in patients of Chinese origin (34.6% vs 30.2%), the rest of the indicators were worse in non-Chinese origin.
No significant differences were found in the indicators of poor control (diabetic neuropathy or retinopathy, HbA1c levels and/or blood pressure levels).

CONCLUSIONS

There is a higher percentage of poor control of T2DM in Chinese origin patients (42.3% vs 32.1%), although no significant differences were found.



The findings suggest that ethnicity may not be a determining factor in the evaluated parameters.
However, further research with complete data and larger sample sizes is recommended to confirm these results