Does the shortage of diabetes specialists in regional and rural Australia matter?

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AIMS: People with diabetes living in rural areas have previously been found to have poorer access to diabetes services and specialist health professionals, poorer self-management of their condition and worse health outcomes compared to people with diabetes in metropolitan areas. The aim of this study was to investigate differences in access to services and health outcomes between people with diabetes living in rural/regional and metropolitan areas, using the Diabetes MILES – Australia dataset.

METHODS: Diabetes MILES – Australia was a national survey (postal and online) of 3,338 adults with type 1 (T1DM; 41%) or type 2 diabetes (T2DM; 59%), which focused on psychosocial and behavioural issues. Respondents from regional/rural areas and metropolitan areas were represented equally in the sample (48% and 52% respectively), and compared on the target outcomes.

RESULTS: After adjusting for diabetes type, demographic and socio-economic variables, rural/regional respondents were less likely to report consulting an endocrinologist during the past 12 months (RR 0.82, 95% CI 0.76-0.89) and more likely to have received help with their diabetes from diabetes educators (RR 1.15, 95% CI 1.05-1.25) and dieticians (RR 1.18, 95% CI 1.05-1.34). There were no differences in self-reported HbA1c (mean±SD: 7.6±1.8% versus 7.5±1.6%, ns) or satisfaction with blood glucose management (3.7±1.6 versus 3.7±1.7, ns) between the rural/regional and metropolitan respondents. Despite these differences in access to diabetes specialists, there were no significant differences on self-reported health outcomes such as BMI, general health, depression and psycho-social outcomes such as the Personal Wellbeing Index (68.4±18.6 versus 68.6±17.3).

CONCLUSIONS: The results suggest that multidisciplinary primary services in rural areas may be providing additional care for people with diabetes, compensating for the lack of access to medical specialist services.