Adherence with the Renal Licences of Antidiabetic Medications in Diabetes Outpatient Clinics at a Large University Teaching Hospital

Introduction

Thirty percent of people living with diabetes have chronic kidney disease; care must be taken when prescribing antidiabetic medication in this group. It is essential that glycaemic control is optimised in this group to reduce further decline in renal function, and risk of other microvascular and macrovascular complications. Whilst some antidiabetic medications require no dose adjustment in renal impairment, others might require dose reduction or are contraindicated for patients with a low eGFR, as detailed in the licensing information.

Aims

Our aim was to gain insight into the prescribing habits of clinicians at a large university teaching hospital, and assess adherence to prescribing as per the renal licences of antidiabetic medications.

Methods

Retrospective analysis of clinical records was undertaken for people attending diabetes outpatient clinics over a four-week period.

- **Study type:** Audit
- **Study setting:** Outpatient clinics at large university teaching hospital.
- **Data collection tool:** Electronic health records
- **Data collected:** Type of clinic attended, demographics, type of diabetes, eGFR, antidiabetic medication with dosage.
- **Analysis:** Data was coded and analysed using Microsoft Excel.

Antidiabetic prescriptions were reviewed against the most recent eGFR. Medications prescribed outside of the terms of the renal licence were highlighted as being ‘out-of-licence’. Those with no prescriptions of antidiabetic medication were excluded.

Results

Of the 300 people studied:

- 34% attended the renal diabetes clinic (mean eGFR 32 mL/min/1.732) and the remaining 66% attended non-renal diabetes clinics (mean eGFR 70).
- Demographics: Mean age, 62 years; 42% female and 38% of non-white ethnicity.
- 79% had type 2 diabetes
- Five people had no eGFR available within the past year.
- People on insulin monotherapy, or with diet-controlled diabetes, were excluded (41%).

Conclusions

Clinicians should be mindful of renal licences when prescribing antidiabetic medication, particularly in renal diabetes clinics. Diabetes UK should promote awareness of these renal licences to prescribers across the UK.