

logistic regression, adjusting for demographic variables, diabetes duration and HbA1c.

Results: Of 84,394 patients with Type 2 diabetes, 2.0% (n = 1,595) received SGLT2i and 13.1% (n = 11,060) received DPP-4i. Of the SGLT2i group, 3.3% (n = 52) had stage 3A CKD and 0.3% (n = 5) had stage 3B CKD. In patients receiving DPP-4i, 10.7% (n = 1,185) had stage 3A CKD and 10.4% (n = 1,145) had stage 3B CKD. Compared to stage 2 CKD or better (eGFR > 60ml/min/1.73 m²), patients with stage 3A CKD were less likely to receive SGLT-2i (OR = 0.381, 95% CI 0.283 to 0.503, p < 0.001), but more likely to receive DPP-4i (OR = 1.481, 95% CI 1.370 to 1.601, p < 0.001).

Conclusions: SGLT2i are currently under-prescribed in people with Type 2 diabetes and stage 3A CKD, despite evidence of renoprotection. Further work is required to investigate the underlying factors.

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Adherence with the renal licences of antidiabetic medications in diabetes outpatient clinics at a large university teaching hospital

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Aims: Thirty per cent of people living with diabetes have chronic kidney disease; care must be taken when prescribing antidiabetic medication in this group. Our aim was to gain insight into the prescribing habits of clinicians at a large university teaching hospital, and whether the renal licences of antidiabetic medications were followed.

Methods: Retrospective analysis of clinical records was undertaken for people attending diabetes outpatient clinics over a four-week period. Antidiabetic prescriptions were reviewed against the most recent eGFR result.

Results: Of the 300 people studied, 34% attended the renal diabetes clinic (mean eGFR 32ml/min/1.73²) and the remaining 66% attended other diabetes clinics (mean eGFR 70). The mean age was 62 years, 79% had Type 2 diabetes, 42% were female and 38% of non-White ethnicity. Five people had no eGFR available within the past year. People on insulin monotherapy, or with diet-controlled diabetes, were excluded (41%). In the remaining 178 people, the prescriptions were: metformin (75%), Dipeptidyl peptidase-4 (DPP-4) inhibitors (31%), sulphonylureas (26%), glucagon-like peptide-1 analogues (26%), SGLT-2 inhibitors (14%) and pioglitazone (1%). The majority (93.3%) were

appropriately prescribed the medication as per the renal licences. Twelve 'out-of-licence' prescriptions were identified: five in the non-renal clinics (metformin n = 3, sitagliptin n = 2) and seven in the renal clinics (metformin n = 2, gliclazide n = 5). Use of gliclazide in the renal clinic, for people with an eGFR <30, was cautious yet effective.

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 United Kingdom.

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Quality of life (QoL) of patients with diabetic kidney disease on dialysis remains profoundly impaired due to complexity around diabetes management

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Aims: Diabetic nephropathy is main cause for end-stage renal disease requiring dialysis. Long-term dialysis affects several aspects of patients' lives including emotional health. The aim of this study was to explore the impact of diabetes on QoL of patients on dialysis.

Methods: Patients with diabetes attending the dialysis unit were asked to complete a QoL questionnaire adapted from the kidney disease quality of life questionnaire.

Results: Twenty-seven patients (14 males) aged 37 to 83 years completed the questionnaires. Of patients, 42% described their general health as 'not good', 52% cut down their activities and 63% accomplished less than they would like due to emotional problems, 55% felt their emotional problems were diabetes related, 64% felt too much time was spent dealing with diabetes and its complications including retinopathy, peripheral neuropathy, autonomic neuropathy and foot problems. Glycaemic control was rated as suboptimal in 29%. In the last four weeks, 39% experienced one to three and only 4% reported four or more hypoglycaemic episodes. Seventy-three per cent had hypoglycaemic awareness, while 40% required third-party assistance. Of patients, 50% rated their diabetes care as very good and found diabetes staff supportive, 88% felt enough time was provided to discuss concerns and 94% were satisfied with dietary advice.

Conclusions: Patients with diabetes undergoing dialysis have significantly impaired QoL attributed to the complexity associated with management of diabetes and its complications. Attending a dedicated diabetes clinic improves patients' satisfaction and confidence in addition to optimising glycaemic control.