Why patients defaulted diabetic retinopathy assessment? A review of patients’ default reasons in diabetic retinopathy assessment programme in general outpatient clinics (GOPC)

Shiu CT(1), Lai KPL(1), Chan PF(1), Luk MHM(1), Chao DVK(1)  
(1) Department of Family Medicine and Primary Health Care, United Christian Hospital and Tseung Kwan O Hospital, Kowloon East Cluster (KEC)

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Introduction  
Regular diabetic retinopathy assessment is important for early identification and timely intervention of diabetic retinopathy. Similar to international studies, it was observed that the default rate for diabetic retinopathy assessment under Risk Assessment and Management Programme in KEC GOPC was quite high. Non-attendance may lead to not only wastage of resources but also delay in detection and necessary intervention of serious diabetic retinopathy. Therefore, identifying the characteristics and underlying reasons for non-attenders is important and useful for finding possible strategies to enhance the attendance rate.

Objectives  
To investigate the personal and clinical characteristics and reasons of non-attendance among patients who had scheduled appointments for diabetic retinopathy assessment in two KEC GOPCs.

Methodology  
The study population was those diabetes patients with booked diabetic retinopathy assessment appointments from 1st January 2013 to 31st December 2013. Subjects were selected by stratified sampling method. Personal and clinical characteristics of the attenders and non-attenders were collected from computer records. Selected non-attenders (patients with history of non-attendance during the study period) were recruited to fill in a questionnaire about the reasons of non-attendance when they returned for diabetic retinopathy assessment from 1st March 2014 to 30th April 2014. All the data were analysed by SPSS version 21.

Result
280 subjects out of 400 were recognized as attenders while 120 subjects were non-attenders. The mean age of the attenders and non-attenders was 64.5 years and 64.2 years respectively. 41.1% of attenders and 54.2% of non-attenders were male patients. Male gender (OR 1.631, 95% CI: 0.384-0.978, p=0.040), high HbA1c (OR 1.217, 95% CI: 1.015-1.460, p=0.034) and existing diabetic retinopathy (OR 1.607, 95% CI: 1.001-2.580, p=0.049) were significantly associated with non-attendance. Age, use of anti-diabetic medication, duration of diabetes, appointment interval and educational level were not associated with non-attendance. The main reported reason of non-attendance was that patients forgot the appointment (59.2%), followed by patients did not aware of the appointment (16.7%), patients remembered a wrong appointment date (5%), patients were out of town (5%) or patients had work commitment (5%).