



1st EUBIROD Annual Meeting: “The B.I.R.O. Academy”

Dasman Centre, Kuwait City, 2nd-4th May 2009

Kuwait data for BIRO analysis

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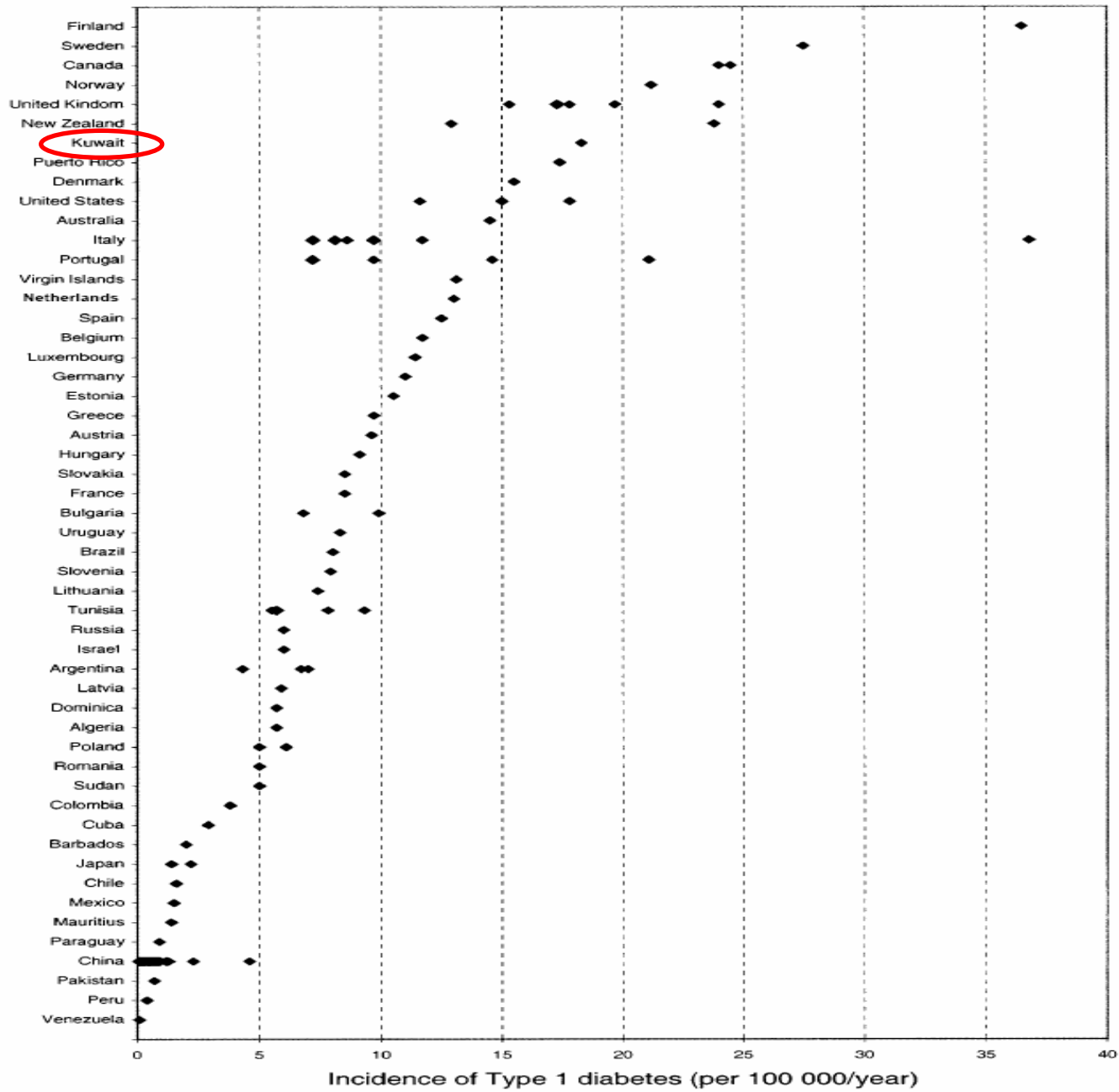
Al-Amiri Hospital



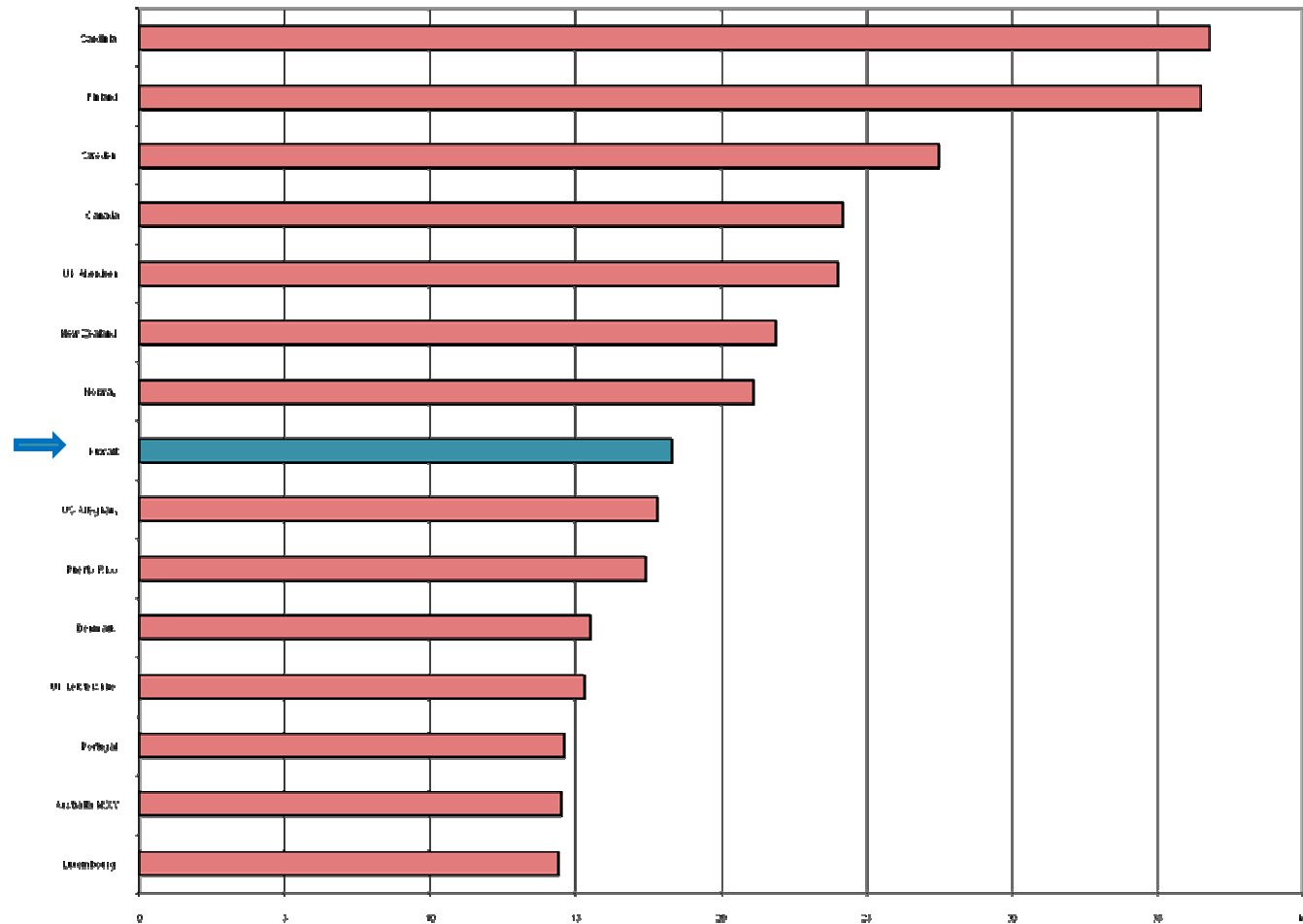
Do we have in Kuwait a “registry” for incidence of type I diabetes in children ?

- The WHO **Dia Mond Project** was initiated in 1990 for the study of Type I diabetes world-wide. Data collection only started at beginning of 1992
- Inclusion criteria:
 - Children diagnosed with Type I diabetes between 1 Jan 1992 and 31 Dec 1998
 - Resident of Kuwait
 - Treated with insulin from the time of diagnosis of diabetes
- The estimation of the degree of ascertainment based on capture-recapture method

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- The primary data source was active hospital reporting
 - The secondary data source was reporting by physicians from 17 independent diabetic clinics
 - The degree of case ascertainment varied between 90% and 96% during the study period with an average 92.5%
 - 434 children were identified
 - Mean annual incidence rate for both sexes was $20.1/10^5$ children (95% CI 18.0-22.1)



Age standardized incidence (per 100,000 per year) of type I diabetes in children < 15 yrs (1990-1994)





WHO Dia Mond Project

- The registry was part of Dia Mond initiative and was stopped at the end of the project
- Outdate software for data collection
- The data collection is still ongoing paper data forms
 - Comprehensive in some centers, irregular in others
 - No registry for children over 12, referred to adult service and the primary care centers



Al-Amiri Program for Registry

- Established since 1998
- Registry of children with diabetes including yearly newly diagnosed cases admitted to the paediatric diabetes care unit
- The goals:
 - Registry of children with diabetes in Al-Amiri
 - Follow up the progression of diabetes
 - Follow up of long term complications
 - Improvement in quality care

serial No Hospital:

File No

Last Name First Name

Nationality Kuwaiti Others

Date of birth Date of diagnosis

Sex Male Female

Telephone

Type of diabetes Type 1 Type 2 Others

Associated disease

1	Hypothyroid
2	Hyperthyroid
3	Hypertension
4	Obesity
5	Celiac
6	Thal. trait
7	SCA
8	Vitigo
9	Short Stature
10	No

Find File No:

File No.:

Height Ht. Percentile Weight Wt. Percentile BMI

Systolic BP Diastolic BP Pulse rate

Insulin dose No of insulin injection 1 2 3 4

HBGM Regular Irregular Activity Active Inactive Lipohypertrophy

Retinopathy 0 1 2 3 4 Neuropathy

Pubertal Development 1 2 3 4 5 Annual File:

Find File No:

File No.:

Family History of type 1:

Family History of type 2:

Family history of obesity:

Family History of thyroid:

- 1 Mother
- 2
- 3
- 4
- 5
- 1,2
- 1,3
- 2,3
- 1,4
- 2,4
- 3,4

Patients

Find File No:

File No

Reason of admission

No. of DKA admissions/year:

PPT Factor:

Annual File:

Patients

Visit

Find File No:

File No.:

HbA1c

Blood suger

BUN

Creatrine

TG

Cholesterol

HDL

LDL

T4

TSH

Thyroid AB: Positive Negative Not done

Antiglydine AB: Positive Negative Not done

Antimysial AB: Positive Negative

Intestinal Biopsy:

MA

Annual File:

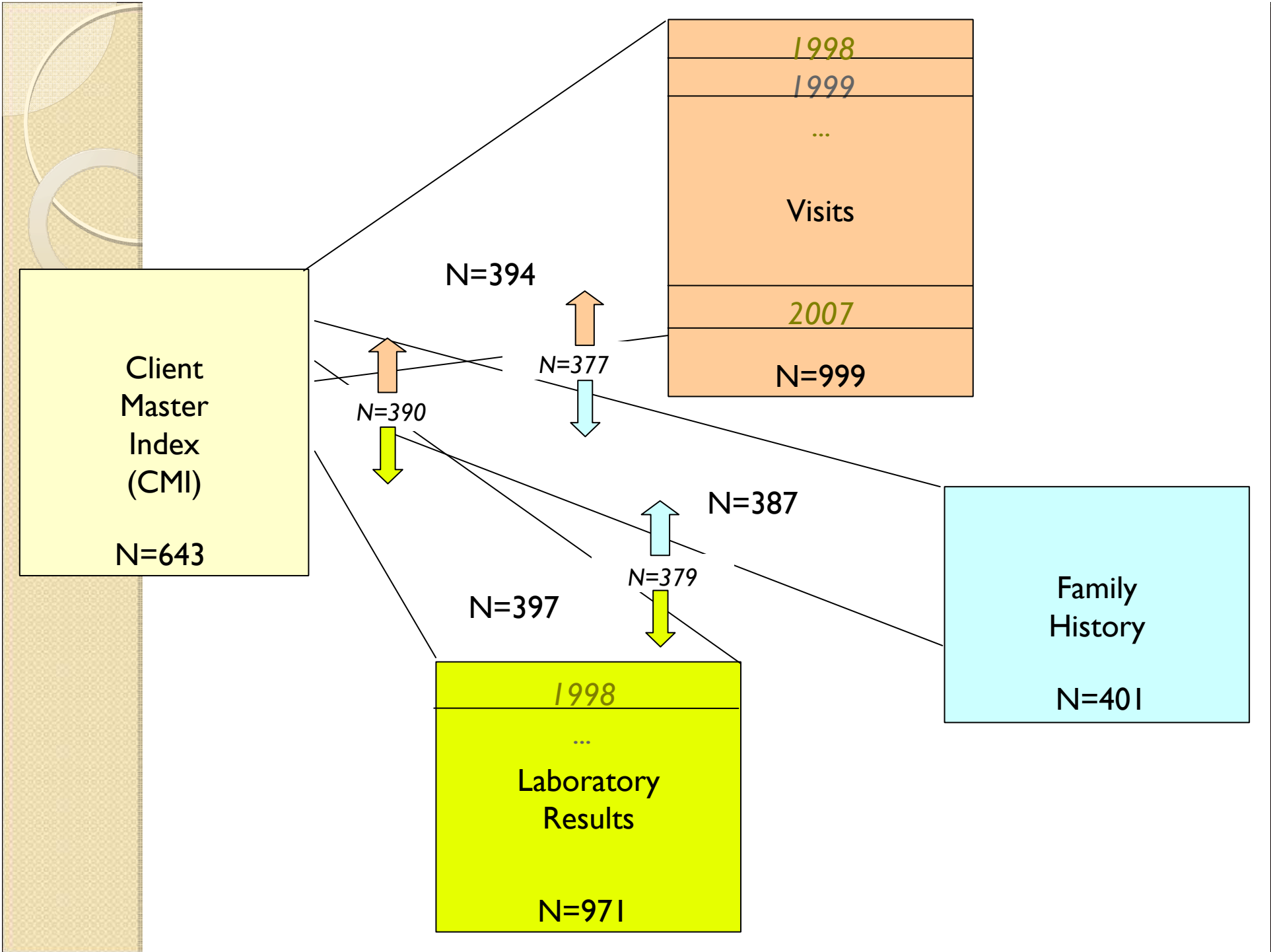
Patients

Visit

Admission

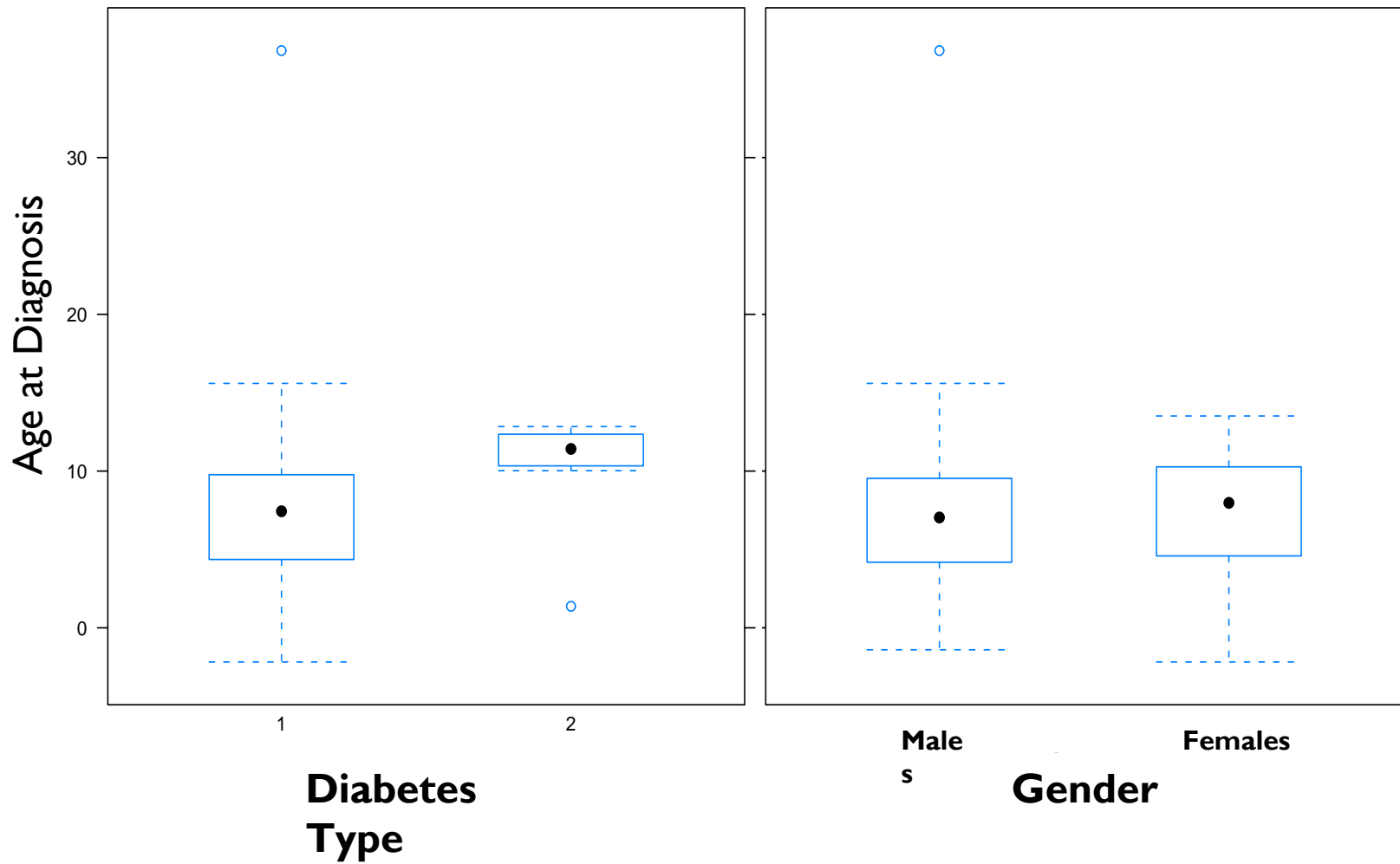
Family Histroy

Lab Result



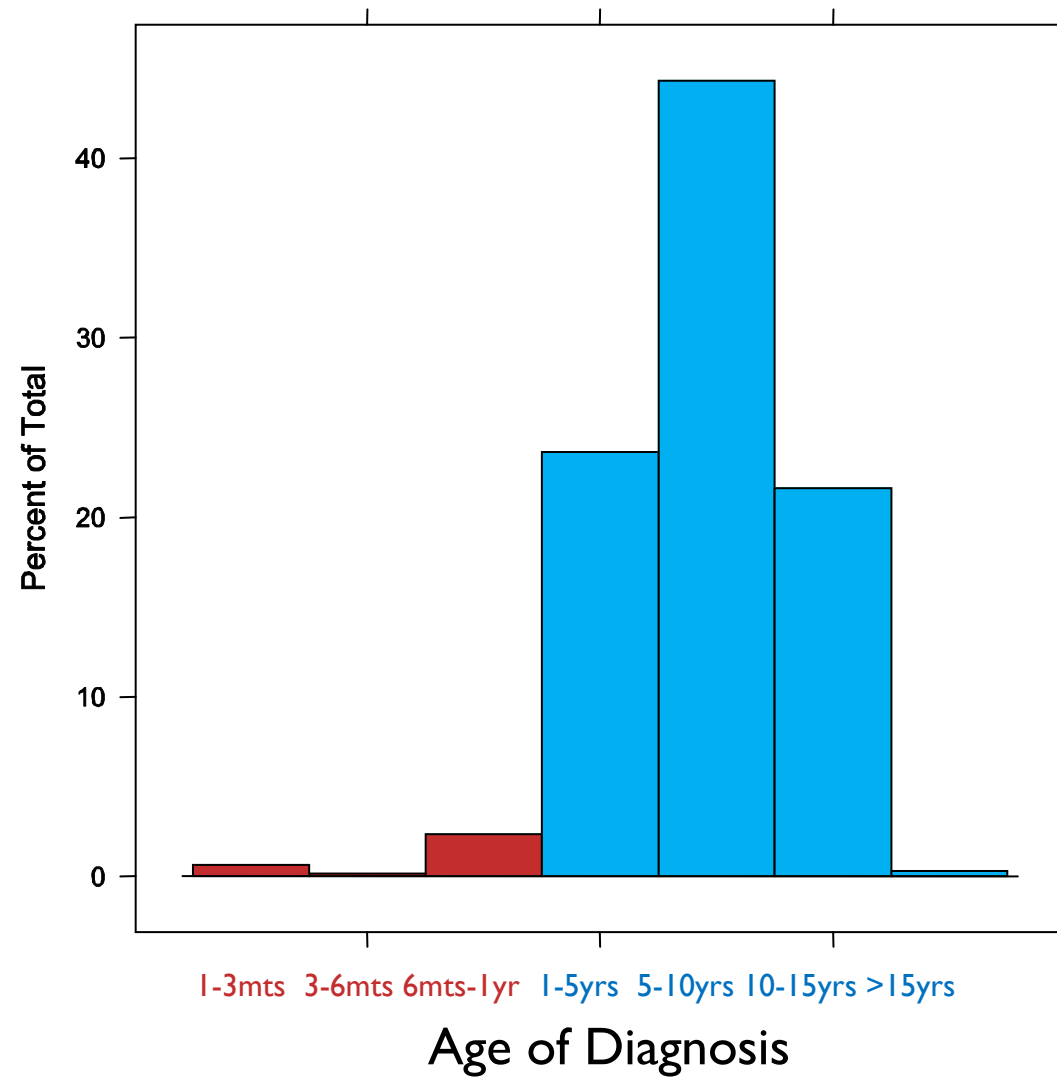
Client Master Index

N=643



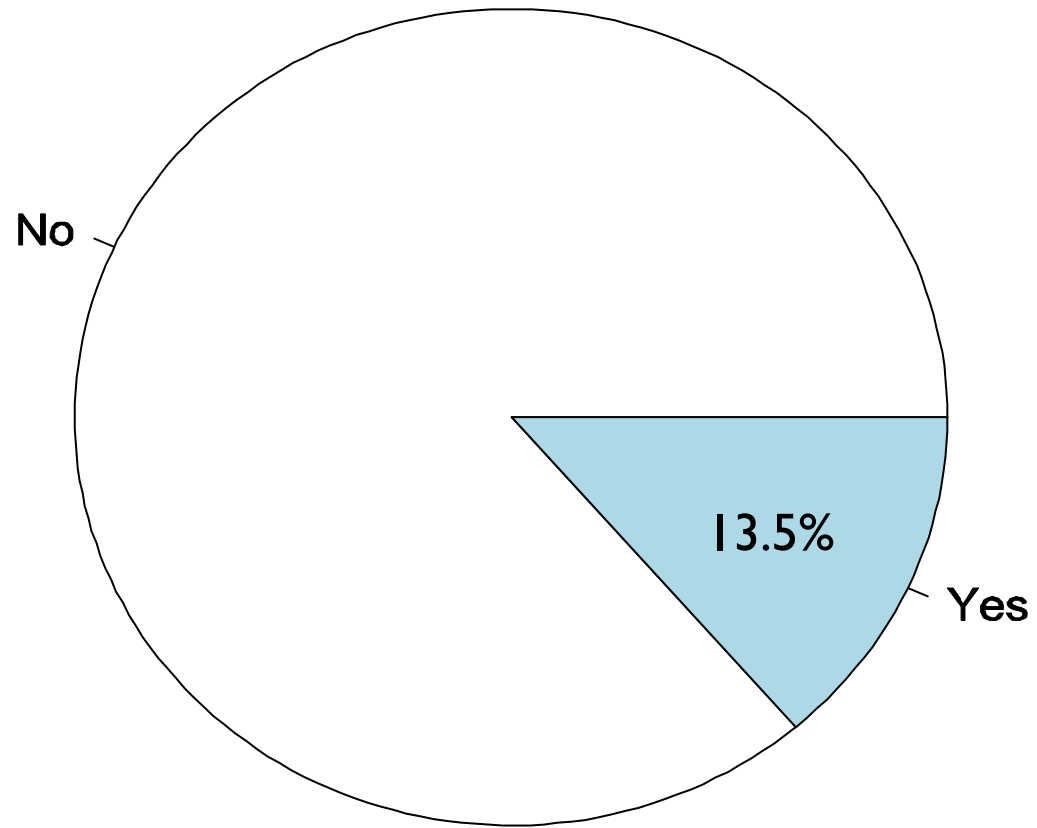
Client Master Index (1998-2007)

N=643



Family History (1998-2007)

N=401

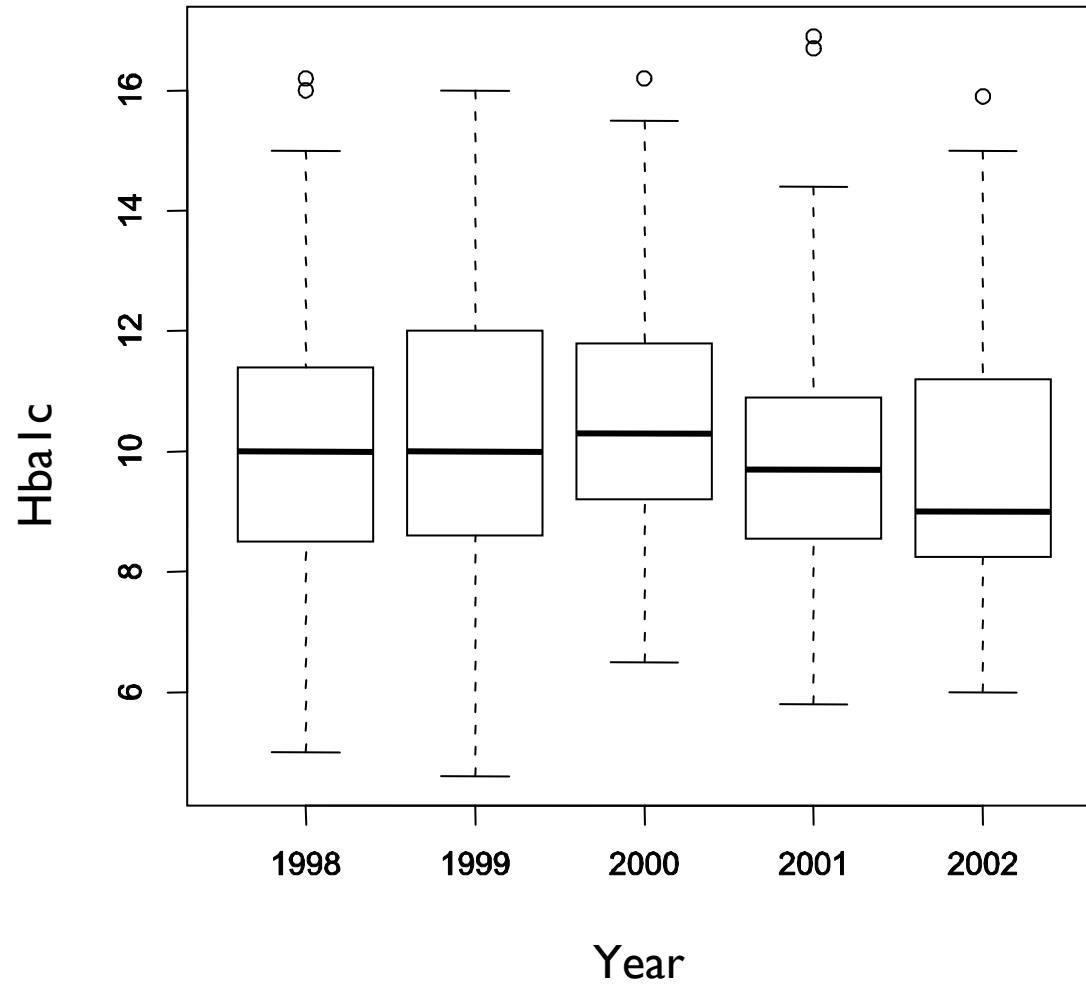


Siblings Familiarity



Laboratory results (1998-2002)

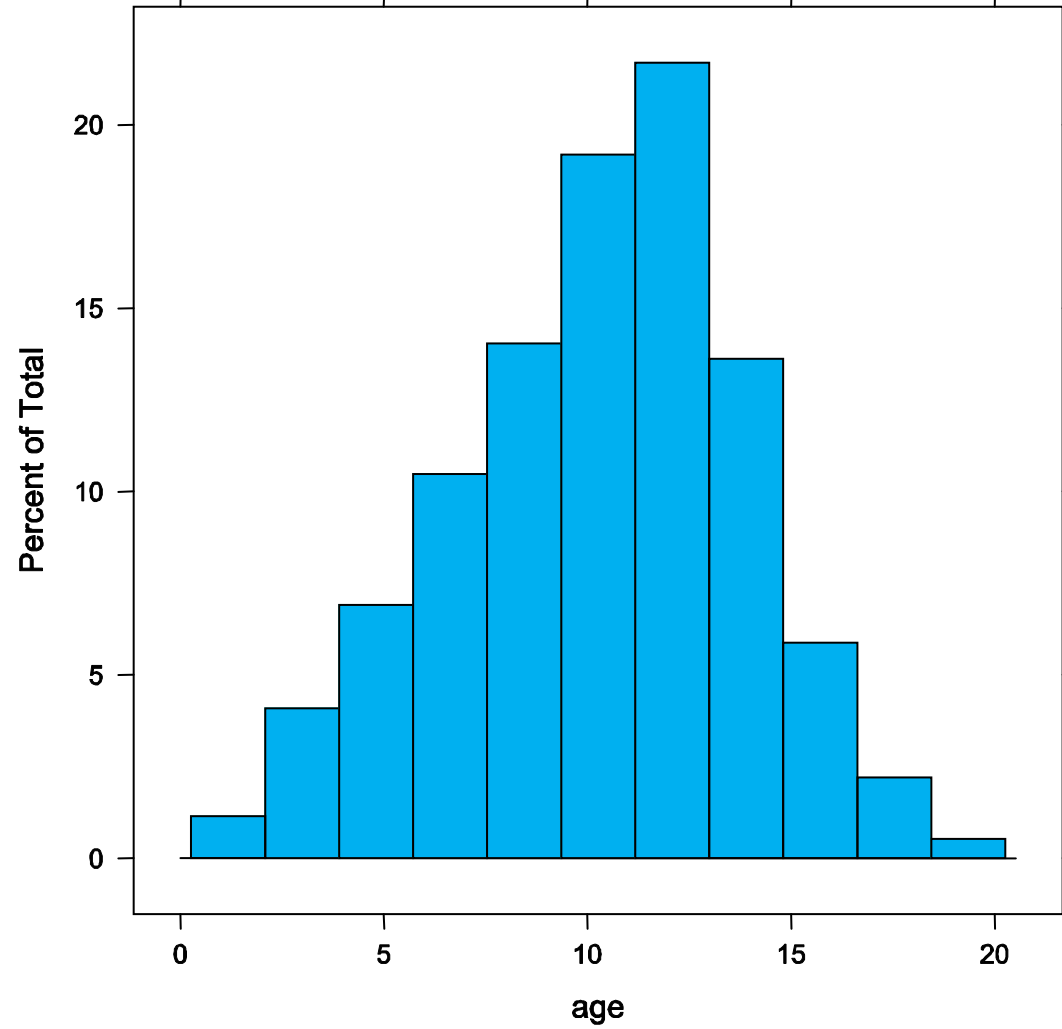
N=936



Health Services

Visits and Laboratory exam (1998-2007)

N=954





Conclusion

- Relevant information can be derived from diabetes registry

Provided that

- Data is complete and sufficient
- It takes into account the difference between hospital or population based data
- Continuity of care is secured
- Appropriate human and structural resources are available