EXPERIENCES AND PERCEPTIONS OF PRIMARY CARE HEALTHCARE PRACTITIONERS DIAGNOSING AND MANAGING PANCREATITIS RELATED DIABETES

Weeks N.J.
Mockett's Wood surgery, Broadstairs, Kent, England, UK.

Background: There appears to be insufficient guidance to support HCPs working within primary care in the recognition and management of patients with Type 3c diabetes mellitus. A major subset of this type of diabetes, approximately 80%, is due to a history of pancreatitis. These patients are often misdiagnosed as having type 2 diabetes which can lead to poorer outcomes.

Aim: This study aims to explore how Healthcare Practitioners working in primary care diagnose and manage people who develop diabetes secondary to pancreatitis. Identifying if there are any barriers that may contribute to an incorrect diabetes diagnosis and subsequent management.

Objectives
1. To explore Healthcare practitioners' awareness of pancreatic related diabetes, and the diagnosis and management of

2. Identify if there are any barriers that may contribute to the correct diagnosis and subsequent management

3. To explore participants' experiences and perspectives on follow-up care for patients who have a history of pancreatitis and if any guidelines are followed.

4. Explore suggestions to improve awareness to support diagnosis and management

Methods: Semi structured interviews were conducted via MSTeams with a purposive sample of 6 Healthcare practitioners working within primary care in the UK who have experience of diagnosing and managing people with diabetes. Interviews were transcribed verbatim via MSTeams. Inductive thematic analysis was conducted to analyse the data.

Result: Five key themes were identified; 1) primary care HCPs knowledge of diabetes post pancreatitis; 2) care processes; 3) personal and professional impacts; 4) patient impacts; 5) suggestions to support the identification and management of patients with diabetes with a history of pancreatitis. The findings suggest that linking pancreatitis to diabetes is rarely considered in primary care and there seems to be a shortfall of guidance and protocols. Participants expressed deskilling, often due to referring patients to diabetes specialist nurses. Participants conveyed concerns over patients not being correctly managed.

Conclusion: Participants were able to identify strategies to support the diagnosis and management of patients with diabetes following pancreatitis. This deserves further exploration and implementation.