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Title: Assessment of Mortality Risk in Subjects with Lower Limb Amputation Due to Diabetes Mellitus. Preliminary Results.

Track: Cardiovascular Rehabilitation & Clinical Cardiology

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Introduction: After the first amputation secondary to complications due to diabetes mellitus, the mortality rates increase reaching up to 70% risk of death at 5 years after an amputation, with a mean survival of 4 years. Traditional risk stratification algorithms like Framingham or Globorisk, estimate the 10-year cardiovascular risk of an individual. Since the association between amputation in subjects with diabetes mellitus and an increased risk of cardiovascular death and all cause death is known but there is no studies which assess mortality risk in subjects with diabetic foot lower limb amputation in Mexican subjects.

Purpose: To assess mortality risk in subjects with lower limb amputation due to diabetes mellitus.

Design: It is an observational, cohort and prospective study. Preliminary results.

Methods: We obtained the information of 40 variables which included clinical history background, laboratory studies, stress testing results, ophthalmology and psychology evaluation, quality of life and disability perception survey results and risk stratification using Framingham, Globorisk and Charlson comorbidity index.

Results: We evaluated a preliminary simple of 40 participants; 85% male, 15% female; with an age range between 43 and 76 years, and an average of 61.4 ± 10.6 years. Comparing Framingham and Globorisk as a risk stratification for cardiovascular death, we found that Framingham shows an increased risk of cardiovascular death at 10 years with a statistically significant difference when compared to Globorisk.

Conclusions: In the studied population, a younger age, increased male proportion, was found than reported by previous studies for diabetic foot amputation. It is necesary to recruit more female subjects and with amputation below the knee, and long term (at least 5 years) follow-up.