

**[P83] DOES ASSESSMENT AND MANAGEMENT FOR QTc PROLONGATION ON 12-LEAD ECG IN THE DIABETES FOOT CLINIC REDUCE MORTALITY?**

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**Aim:** To evaluate whether the introduction of a 12-lead ECG to assess for QTc prolongation as part of routine care for those with diabetes presenting with foot ulceration in England, and whether appropriate clinical action based on the ECG, is associated with reduced mortality. This is an interim report.

**Method:** New patients with diabetes and foot ulceration at 10 multidisciplinary foot services in England, undergo 12-lead ECG to assess for QTc prolongation. Males and females with QTc 431-450 and 451-470 milliseconds respectively undergo foot clinic review of medications and loosening of glycaemic control where indicated, in addition to standard foot care; those with QTc > 450 and > 470 milliseconds respectively undergo direct referral to cardiologists.

The service improvement, initiated in July 2014, interfaces with the National Diabetes Footcare Audit in England. Audit participation requires informed consent for linkage of data with primary care, hospital and Office for National Statistics datasets. Audit participants cared for in non-ECG centres, so without routine ECG, act as the control population – control numbers are approximately 5 times greater. For 80% power at p<0.05, 4115 audit participants with ECGs at ECG centres are required to demonstrate reduction in 2 year mortality from 31.5% to 26.9%.

**Results/Discussion:** By December 2016, 1400 subjects had had ECGs at ECG centres. Prevalence of QTc prolongation was 23%, and 25% had had additional management as a result of the ECG. To increase recruitment rate, from April 2017, further centres will join. Recruitment will continue until December 2018, and mortality will be assessed in December 2020 in audit participants who have had an ECG at an ECG centre vs. those cared for at a non-ECG centre. Clinicians report that it is challenging within the foot clinic environment to both collect data for the Audit and interpret and act on the ECG. Nevertheless, all ECG centres that initiated have continued.

**Conclusion:** The evaluation will complete in 2021, and is adequately powered to demonstrate whether incorporation of a 12-lead ECG to assess for QTc prolongation as part of routine care within the diabetic foot clinic beneficially affects mortality in this population.