

Lower Leg Amputations among Albertans with Diabetes

Age-standardized lower leg amputation rates by First Nations Status, 2004 to 2015

This is the second in a series of *First Nations – Health Trends Alberta*¹ dedicated to diabetes-related topics. In the last edition, we shared that diabetes is a chronic disease where the body has difficulty producing or using a hormone that helps to regulate blood sugar. Lower leg amputations represent one of many complications that can occur among people with diabetes. Some factors that increase the risk of lower leg amputations include circulation and nerve problems.

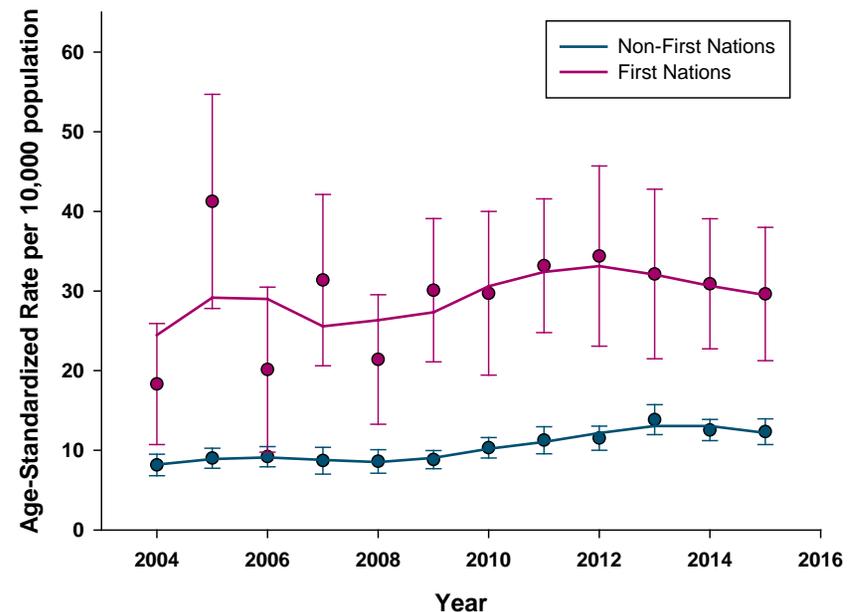
Here, we present age-standardized rates of lower leg amputations for diabetics 20 years of age or older between 2004 and 2015 among First Nations and non-First Nations in Alberta separately. Amputations of the lower leg include any amputations that occurred at the knee or below.

Among diabetics, rates of lower leg amputations for First Nations are triple rates for non-First Nations

In Alberta between 2004 and 2015, there were 5,545 lower leg amputations among diabetics 20 years of age or older (556 among First Nations and 4,989 among non-First Nations): an average of 46 and 416 amputations per year for First Nations and non-First Nations, respectively. Over the 12 year period, the average age-standardized rate was approximately 3 times higher for First Nations than non-First Nations diabetics (29 and 10 per 10,000 population, respectively).

The majority of amputations occurred in males, regardless of population (379 among First Nations males; 3,550 among non-First Nations males). Age-standardized rates were, on average, 2 to 3 times higher among males compared to females: among First Nations, the annual average age-standardized rate for males was 57 per 10,000 compared to 24 per 10,000 for females.

Lower leg amputations generally increased with age between 20-84 years old and were highest among people 65-84 years old for both populations (47 per cent of amputations occurred in those within this age group). Rates were not significantly different by health zone.



¹ This is the 14th in a series of First Nations-specific Health Trends compiled in collaboration by Alberta Health and the Alberta First Nations Information Governance Centre (AFNIGC). To suggest future topics, please contact the AFNIGC (communications@afnigc.ca; 403-539-5775).