land. Methods: 102 current haemodialysis patients attending the Townsville Dialysis Centre were included in the study. Odds ratio and #967;2 tests were performed to identify variables most strongly associated with amputation. Results: We identified a 6.9% prevalence of lower limb amputation in 102 subjects on haemodialysis at our centre. The major risk factors of amputations in the cohort were history of ulceration (RR 4.57 [95%CI 2.4-8.8] p=0.001) and the presence of diabetes (RR 2.5 [95%CI 1.6-3.9] p=0.008). Other variables were tested but fell short of statistical significance; these included: Indigenous background, smoking history, gender and type of ulceration. Conclusion: Patients with ESRF on haemodialysis who have a past history of ulceration and have diabetes mellitus are at risk of having lower limb amputations. Primary prevention of diabetes in the sub-population may help in reducing the limb loss. Further prospective studies on a larger population are needed to confirm our findings.

**Pattern of Diabetes Limb Amputations: Review of Two Regional Centres in Queensland**

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**Background / Aims:** Diabetes limb amputation (DLA) is common in Australia’s Queensland with notable regional variations in clinical features. Despite this, there is no comparative study of DLA in the 2 regions - north and south Queensland. The aim of the study was to determine clinical characteristics of DLA at The Townsville Hospital (TTH) compared with South Queensland’s Gold Coast Hospital (GCH). Methods: Clinical data for all DLAs from the 2 tertiary hospitals were retrospectively reviewed for a 3 year-period from 2009 to 2011. Results: Fifty DLAs were recorded at GCH and 31 for TTH. 35% of the subjects at TTH who had DLAs were Aboriginal and Torres Strait Islanders (ATSI) compared to 2% in GCH X2 = 17.3, P<0.001. The mean age, number of previous amputations and male-female ratio were similar in both centres. Conclusion: We reported high proportion of DLAs in the ATSI’s North Queensland. Primary prevention of diabetes foot ulcer in the Indigenous Australian diabetic population may reduce DLA in the region. Further studies on larger population are suggested to confirm our findings.

**Prevalence of Limited Joint Mobility in Elderly Diabetics at The Townsville Hospital**

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**Background / Aims:** Limited joint mobility is a form of musculoskeletal complication affecting system well described in young diabetics (DM). Its prevalence in the elderly DM is not extensively investigated. Identifying LJM by simple clinical examination is likely to help as a screening tool for further assessment of other complications of DM in the geriatric population who are at a higher risk of co-morbidities. The aim of the study was to evaluate whether presence of diabetes increase the risk of LJM in the elderly subjects. Methods: A total of 88 subjects aged >70 years were prospectively assessed at the Townsville Hospital diabetes and gerontology departments. Of this number 47 were diabetics while 42 non-DM subjects served as control group. Clinical prayer sign examination and quantitative goniometric assessment of DM and non-DM controls were done. Results: Prevalence of LJM among DM patients was higher 19/47 (40.4%) compared to 7/41 (17%) in non-DM controls X2=5.72, P<0.05. Mean age for DM was lower 76 + 0.8 (SE) vs 81 + 1 years; P = 0.027. Duration of DM was higher 23.8 + 3.4 years compared with 12 + 2 in non-DM, P<0.05. Retinopathy was commoner in DM with LJM 42% vs 11% in DM without LJM X2 = 6.2, P<0.05. Conclusion: We report high prevalence of LJM in the elderly. The musculoskeletal complication correlates with occurrence of DM eye disease. Further prospective studies are required to confirm our findings.