Maine

INTRODUCTION

Currently, 1.9 million people are living with limb loss in the United States, with an average of 507 people continuing to lose a limb every day. This results in an estimated 185,000 amputations per year (1), and this number is expected to double by the year 2050 due to increasing rates of diabetes and vascular disease (1). Among those living with limb loss, the major causes of their amputations are vascular disease (54%) – including diabetes and peripheral arterial disease – trauma (45%) and cancer (less than 2%) (2). The most common causes of pediatric amputations, however, are lawn mower accidents (3). Non-whites comprise about 42% of the limb loss population in the U.S. (1). In 2008, the diabetes related amputation rate among African Americans was nearly four times that of whites (4).

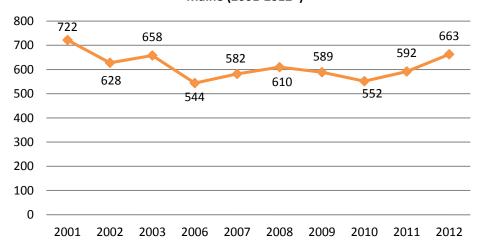
A total of 663 amputations were performed in Maine hospitals in 2012. These amputations were performed for a variety of reasons, including diabetes and peripheral arterial disease complications. The following information details the trends and most current rates of amputation and diabetes in Maine.

1. AMPUTATION TRENDS OVER TIME

According to hospital discharge data, the number of total amputations performed in Maine was at a low in 2006 (544) and a high in 2001 (722). This overall time period represents an 8.17% decrease. A total of 6,140 amputations were performed in this time period*. (See Graph 1.1)

*Data is unavailable for 2004, 2005, and 2013

1.1: Amputation Trends, Maine (2001-2012*)



Source: Healthcare Cost and Utilization Project HCUPnet database http://hcupnet.ahrq.gov/

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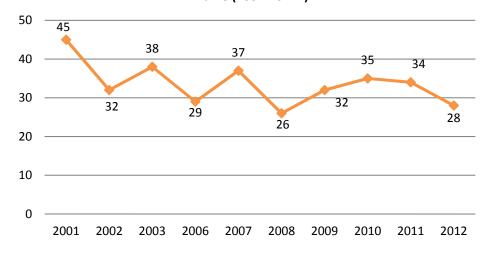
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1.2: Upper-Extremity Amputation Trends, Maine (2001-2012*)



In Maine, the total number of upperextremity amputations performed from 2001 to 2012* was 336. The year 2001 saw the most of these types of amputations (45), while the lowest incidence (26) occurred in 2008. There is a 37.78% decrease in this time period. (See Graph 1.2)

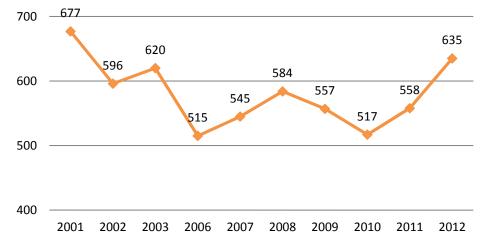
*Data is unavailable for 2004, 2005, and 2013

Source: Healthcare Cost and Utilization Project HCUPnet database http://hcupnet.ahrq.gov/

A total of 5,804 of lower-extremity amputations were performed from 2001 to 2012*. The incidences of these amputations spiked to 677 in 2001 and were at their lowest at 515 in 2006. This represents a, 6.2% decrease in the number of lower-extremity amputations from 2001 to 2012*. (See Graph 1.3)

*Data is unavailable for 2004, 2005, and 2013

1.3: Lower-Extremity Amputation Trends, Maine (2001-2012*)



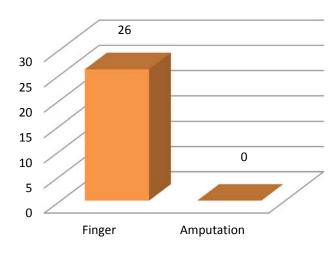
Source: Healthcare Cost and Utilization Project HCUPnet database http://hcupnet.ahrq.gov/



2. TYPES OF AMPUTATIONS PERFORMED

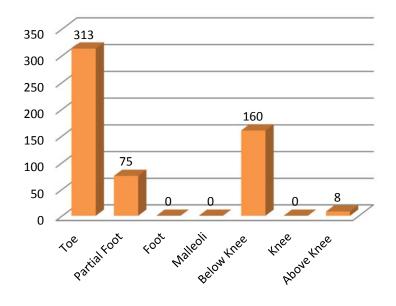
26 upper-extremity amputations were reported in 2012. The most common minor upper-extremity amputation was of the fingers (26) and no other types of procedures were reported. (See Graph 2.1)

2.1: Upper-Extremity Amputations, Maine (201)



Source: Healthcare Cost and Utilization Project HCUPnet database http://hcupnet.ahrq.gov/

2.2: Lower-Extremity Amputations, Maine (2012)



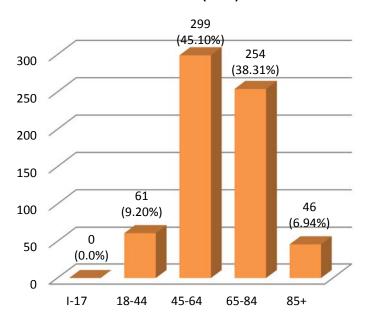
Source: Healthcare Cost and Utilization Project HCUPnet database http://hcupnet.ahrq.gov/ 556 lower-extremity amputations were performed in 2012. In terms of minor lower-extremity amputations, toes (313) were amputated more often than part of the foot (75). For major lower-extremity amputations, below-knee (160) amputation was the most common procedure, followed by above-knee (8) procedures. (See Graph 2.2)



3. WHO LOSES A LIMB?

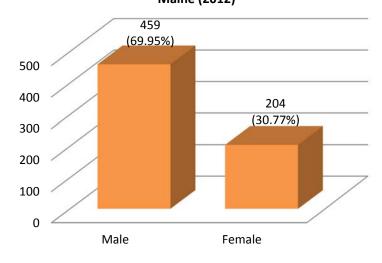
In 2012, most amputations were performed on individuals aged 45-64 years old, closely followed by the age group of 65-84 year olds (See Graph 3.1).

3.1: Amputations by Age Groups, Maine (2012)



Source: Healthcare Cost and Utilization Project HCUPnet database http://hcupnet.ahrq.gov/

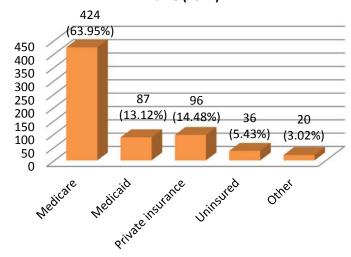
3.2: Amputations by Sex, Maine (2012)



Source: Healthcare Cost and Utilization Project HCUPnet database http://hcupnet.ahrq.gov/ There were a little less than 2.5 times more amputations performed on male patients in Maine than on female patients (See Graph 3.2).

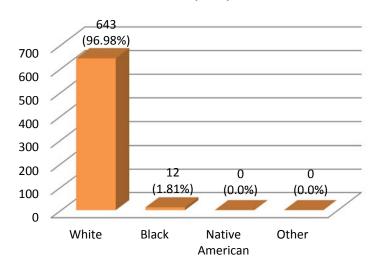
Medicare recipients ranked as the most common group to have an amputation procedure followed by private insurance. (See Graph 3.3)

3.3: Amputations by Payer Type, Maine (2012)



Source: Healthcare Cost and Utilization Project HCUPnet database http://hcupnet.ahrq.gov/

3.4: Amputations by Race/Ethnicity, Maine (2012)



Source: Healthcare Cost and Utilization Project HCUPnet database http://hcupnet.ahrq.gov/

* According to Census Bureau estimation data (http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src =CF), the population of Maine in 2010 was about 1,328,361 and was made up of about 1,264,971 white residents and 15,707 African American residents.

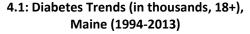
We can see that the African American population of Maine bears the heaviest burden of amputation (0.076% of the African American population underwent amputations). This is evident when compared with the percentage of the white population that underwent amputations (0.051%), and with amputations in the state's population as a whole (0.049%). (See Graph 3.4)

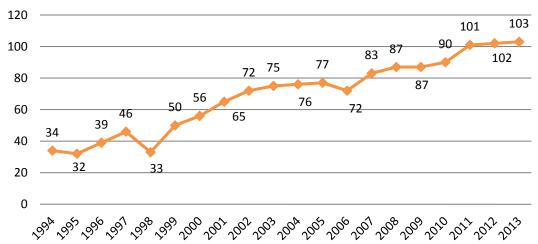


4. DIABETES TRENDS

In 2012, a total of 102,784
Maine residents indicated
that they had been
diagnosed with diabetes at
some point in their lives. The
prevalence of diabetes in the
adult population of Maine
increased 202.9% from 1994

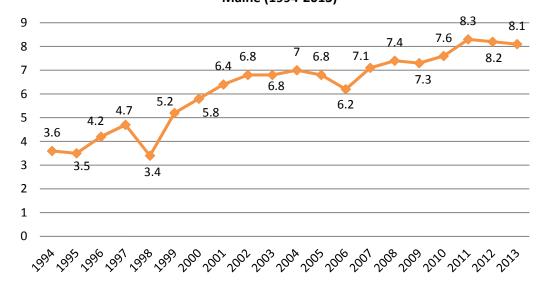
to 2013. (See Graph 4.1)





Source: CDC Behavioral Risk Factor Surveillance System http://apps.nccd.cdc.gov/DDTSTRS/default.aspx

4.2: Existing Diabetes Cases per 100 Adults (18+), Maine (1994-2013)



The annual rate of existing cases of diabetes among adults in Maine increased 125.0% from 1994 to 2013. (See Graph 4.2)

Source: CDC Behavioral Risk Factor Surveillance System http://apps.nccd.cdc.gov/DDTSTRS/default.aspx

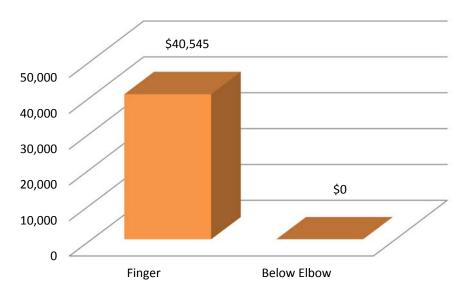


5. HELATHCARE COSTS

For persons with a unilateral lower-extremity amputation, the two year healthcare costs, including initial hospitalization, inpatient rehabilitation, outpatient physical therapy, and purchase and maintenance of a prosthetic device, is estimated to be \$91,106. The lifetime healthcare cost for persons with a unilateral lower extremity amputation is estimated to be more than \$500,000 (5). It is anticipated that these healthcare costs would be higher for a person with a proximal amputation level and bilateral amputation status, due to higher prosthetic costs.

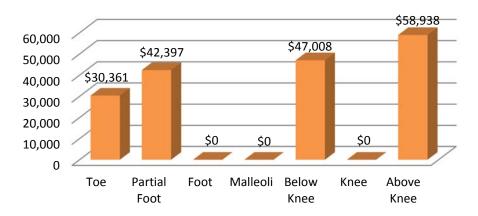
Charges represent what the hospital billed for the case, and may not represent all discharges for amputations. (See graph 5.1)

5.1: Overall Hospital Charges for Upper-Extremity Amputations, Maine (2012)



Source: Healthcare Cost and Utilization Project HCUPnet database http://hcupnet.ahrq.gov/

5.2: Overall Hospital Charges for Lower-Extremity Amputations, Maine (2012)



Charges represent what the hospital billed for the case, and may not represent all discharges for amputations. (See graph 5.1)

Source: Healthcare Cost and Utilization Project HCUPnet database http://hcupnet.ahrq.gov/



6. REFERENCES

- 1. Ziegler-Graham K, MacKenzie EJ, Ephraim PL, Travison TG, Brookmeyer R. Estimating the Prevalence of Limb Loss in the United States: 2005 to 2050. Archives of Physical Medicine and Rehabilitation 2008;89(3):422-9.
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