

An assessment of factors related with understanding education and knowledge of self-care among patients with diabetes mellitus: a cross sectional prospective study in two cities of Turkey



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Objectives

- The prevalence of the diabetes mellitus is rapidly increasing particularly in developing countries. For effective management of diabetes, patients must be actively involved in their care.
- The aim of the study was to assess the knowledge and selfcare practices and contribution of the education to this knowledge level and glycemic control.

Methods

- We formed patients goups consisting of 15 to 30 diabetic patients.
- patients surveyed diabetes self-care knowledge Firstly, questionnaire (DSCKQ-30).). Later, a standard power point presentation about diabetes self-management was made to patients.
- Then, patients surveyed DSCKQ-30 again. All patients were invited to hospital to measure control HBA1c level 3 months later.

Results

- Of the total 364 participants 62.9% (n= 229) were females.
- Significant increase in percent of correct response was determined in all components between before and after education.
- There was a significant decline of 1.1 in HBA1c levels after 3 months of education (p<0.001).
- Married or active working patients had better understand the educations of diabetes and had higher knowledge of selfcare management regardless of the their level of education or income.

Conclusions

- Education of diabetes can significantly knowledge of self care management and can help achieving glycemic control.
- Continuing education on self care management and complications is crucial and this should accompanied by a regular assessment of their diabetic knowledge.

Table-1: Demographic and clinical characteristics of the study population (n=364)

Variables	
Age (year), mean ± SD (range)	53.3 ± 12.3 (18-83)
Weight (kg), mean ± SD	81.5 ± 15.5
Height (cm), mean ± SD	162.8 ± 8.9
BMI, n(%)	
<18.5	1 (0.3)
18.5 – 25	61 (16.9)
25 – 30 20 40	107 (29.5)
30 - 40 >40	167 (50)
Gender, n(%)	24 (6.5)
Male	135 (37.1)
Female	229 (62.9)
Education, n(%)	
Illiterate	51 (14)
Literate	23 (6.3)
Primary school	200 (55)
High school	48 (13.2)
University	42 (11.5)
Marital status, n(%)	
Single ************************************	19 (5.2)
Married Widowed	311 (85.5)
Widowed Divorced	19 (5.2) 15 (4.1)
Occupation, n(%)	10 (4.1)
Housewife	184 (50.5)
Working	64 (17.6)
Retired	112 (30.8)
Social Status, n(%)	
Single	18 (5)
With family	342 (94.7)
Monthly income, n(%)	
Low	75 (20.7)
Middle	282 (78)
Alaahalintaka m/97)	5 (1.4)
Alcohol intake, n(%)	352 (97)
Yes	10 (2.8)
Current smoke, n(%)	10 (2.0)
No	309 (85.4)
Yes	52 (14.4)
Family history of diabetes, n(%)	
Yes	226 (62.8)
No	134 (37.2)
Type of diabetes, n(%)	
Type 1	29 (8)
Type 2	329 (91.6)
Duration of diabetes (month), mean ±SD (range)	94.4 ± 91 (1-480)
Medication, n(%)	
Oral antidiabetics	116 (32.2)
Insulin	84 (23.3)
Oral antidiabetics + insulin	160 (44.4)
Hemoglobin A1c, mean ± SD (range)	
On admission	8.8 ± 2.1 (4.7-15.5)
Three months later	7.7 ± 1.5 (5.4-11.9)
Diabetic complications and comorbidities, n(%)	
Chronic renal failure	15 (4.1)
Retinopathy Districts 45-54	49 (13.5)
Diabetic foot Coronary artery disease	22 (6)
Coronary artery disease Cerebro vasculary disease	47 (13) 5 (1.5)
Hypertension	145 (40)

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ECE2016

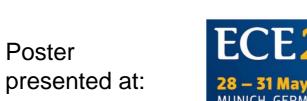
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28 - 31 May 2016







Diabetes therapy