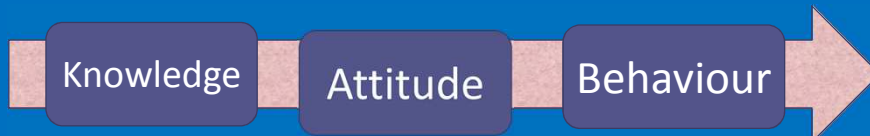


# An evaluation of self-care practices and knowledge in patients living with Type 2 diabetes attending primary healthcare settings

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## 1. Introduction

Diabetes self-management education is defined as a collaborative process through which persons living with diabetes gain knowledge and skills in order to modify behavior and eventually self-manage themselves successfully<sup>1</sup>. Self-management in persons living with diabetes is vital since these individuals, together with their families, provide 95% of the overall care of their condition. It is very disappointing that patients living with diabetes sometimes ignore preventative advice given to them by health care professionals during consultation visits in primary care clinics until they actually acquire a complication<sup>2</sup>. Although previous studies of diabetes education programmes have reported conflicting results regarding outcomes<sup>3</sup>, it is recognised that improving knowledge alone is not sufficient to enhance adherence to regimens that involve behavioural change.

## Aims

- To identify the nature and extent of diabetes-related knowledge in patients living with type 2 diabetes who attend primary care clinics
- To determine whether a correlation between the two exists

## 2. Methods

A non-experimental prospective study was conducted on 50 adult participants living with type 2 diabetes, who were primarily responsible for their own care and who were recruited from primary care clinics. The Diabetes Knowledge Questionnaire (DKQ-24) and the Summary of Diabetes Self-Care Activities (SDSCA) were used to assess knowledge and self management in the study population.

## 3. Results

males [n=21] and females [n=29]; mean age 69.5yrs; mean duration of 12 years

16% of the participants revealed that they had attended a diabetes educational programme, however 84% of the study population did not recall ever attending a diabetes educational programme  
The mean DKQ-24 score was 14.40 out of a total of 24 and the mean self-care activities score was 2.89 out of a total of 7, indicating a deficit in a number of key areas in the knowledge and self-care practices related to diabetes in the study group (table 1).

Pearson correlation coefficient indicated no correlation between Diabetes Knowledge Score and Self Care Activities Score, implying that practices are not dependent on the level of knowledge in the study group.

Relationship	Correlation coefficient	p-value
DKQ -24 Score vs SDSCA Score	0.190	0.187

Table 1: Correlation between DKQ-24 Score and SDSCA Score

Subset	Correlation Coefficient	p-value
Diet	0.324	0.022*
Physical Activity	0.179	0.214
Blood Sugar Testing	0.231	0.107
Footcare	0.189	0.189

Table 2: Correlation between Diabetes Knowledge Score and SDSCA Sub scales

## 4. Discussion and Conclusion

A move from traditional, didactic, diabetes-related education, which has failed in a number of settings, towards innovative approaches that are person-centred to improve metabolic outcomes and quality of life for individuals with diabetes, is suggested. Integrating theories of behavioural change in educational interventions, including psychosocial concepts such as patient-centred care, self-efficacy and empowerment, may translate in improved care at primary care setting, reduce long-term complications and improve quality of life.

This study has highlighted knowledge deficits and inadequate levels of adherence to certain areas of self-care in the study group. It is advocate for not only improvements with regards to patients' awareness and availability of diabetes educational classes within primary care settings, but emphasizes that educational sessions should undergo changes to improve their effectiveness, sustainability and scalability translating in better behavioural and health outcomes.

## 5. References

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