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EVIDÊNCIAS QUE PROJETAM A PRÁTICA CLÍNICA / EVIDENCIAS QUE DISEÑAM LA PRÁCTICA CLÍNICA

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INFAD

DIABETES: SELF-CARE AND DISEASE KNOWLEDGE

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Abstract

Diabetes mellitus (DM) is a multi-etiological metabolic disease than can result in chronic hyperglycemia. Patient self-care can positively contribute to glycemic control. Adequate self-care behavior and knowledge about DM may empower patients to properly manage their disease, promote adherence to treatment, and reduce the risk of DM complications.

Problem and research questions | Goals

Which are self-care habits and knowledge about the disease in diabetic patients?
The glycemic control is affected by patient´s health literacy level?

This study aimed to characterize patient´s with a DM diagnosis about **self-care** and **disease knowledge**.

Methodology

❖ Structured interview
❖ Application of a questionnaire
❖ Assessment of:
  ❖ Self-care in diabetes *(Bastos et al., 2006)*
  ❖ Disease´s knowledge
  ❖ Health literacy *(Espírito-Santo et al., 2020)*
❖ 67 patients, followed at the AEDAMDA clinic (Faro)
  ❖ Age ≥ 60 years old
  ❖ Type 2 DM previous diagnosis
❖ Data were processed using SPSS v27

Presentation and discussion of data

Patients mostly presented a **DM long-term diagnosis**: 13.2±9.3 years
✓ **Low level of schooling** (*Table 1*)
✓ Self-Care and Disease Knowledge (*Table 2*):
  ✓ 68.2% indicated to have measured blood glucose every day
  ✓ 83.2% of cases were advised to daily measure blood glucose
  ✓ < nr of measurements performed by the patients than nr of measurements indicated by health professionals in the last 7 days (p<0.05)
  ✓ 70.1% were able to identify the correct range for fasting blood glucose, but could not identify the target range for post-prandial blood glucose (94.4%)
✓ **Lower rate of glycemic profile control** was achieved for those presenting **low health literacy** (p>0.05)

Results

Table 1: Sociodemographic characterization.

	N	%
Age	Mean: 71.84 ± 6,63	
Gender	M: 39	58.2
	F: 28	41.8
Schooling		
1st cycle of basic education (4 th grade)	29	43,3
2nd cycle of basic education (junior)	2	3
3rd cycle of basic education (9 years)	15	22,4
Secondary education (12th grade)	5	7,5
Professional course/technological (Level III)	7	10,4
Higher education	6	9
Can read and/or write without having education degree	1	1,5
Can not read or write	2	3

Table 2: Self-care and disease knowledge characterization.

Self-Care and Disease Knowledge		N	%
Know the optimal value for fasting glucose?	Correct	47	70.1
	Incorrect	10	14.9
	Do not know	10	14.9
Know the optimal value for post-prandial glucose?	Correct	3	4.6
	Incorrect	1	1.5
	Do not know	63	94.0
How often in the last 7 days measured glycaemia? (number 0-7)	Mean:	5.24 + 2.66 days	
How many days a week it was indicated to assess glycaemia, by the doctor, nurse or pharmacist? (number 0-7)	Mean:	6.14 + 1.98 days	
The patient is able to indicate two complications of uncontrolled glycaemia?	Patient identified correctly 2 complications	6	9.0
	Only one complication was identified	6	9.0
	Patients knows complications can be serious but wasn´t able to name it	10	14.9
	Patient wasn´t able to identify complications	22	32.8
	Patient identified as a complication of the disease a side effect of medication (eg. hypoglycemia)	23	33.6

Conclusion

❑ In this study group, self-care assessment identified several procedures carried out by many of these diabetic patients, although there is still space for improvement.
❑ Nevertheless, a lack of knowledge about the disease was flagged.
❑ In the future, considering the level of health literacy, adjusted programs should be established to promote self-care for diabetic patients which include also information about the physiopathology, disease management and how to avoid complications.

Bibliography

Bastos, F., Severo, M., & Lopes, C. (2006). Propriedades Psicométricas da Escala de Autocuidado com a Diabetes traduzida e adaptada. Acta Med Port, 20, 11–20.
Espírito-Santo, M., Nascimento, T., Pinto, E., de Sousa-Coelho, A. L., & Newman, J. (2020). Health literacy assessment: Translation and cultural adaptation to the Portuguese population. Journal of Evaluation in Clinical Practice, 26(5), 1399–1405.
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