

and problematic. Demystifying insulin initiation can be a challenge to be added to the healthcare process and an important intervention strategy.

Key messages:

- Concerns related to the treatment itself are higher in people with complications, particularly in the therapeutic management of multiple medications and associated side effects.
- Demystifying insulin initiation can be a challenge to be added to the healthcare process and an important intervention strategy.

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Complications associated with Type 2 Diabetes and concerns about treatment: a quantitative approach

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Background:

Type 2 Diabetes (T2D) is a multidimensional disease with a major impact on quality of life and its associated complications influence these people disease management. This study aimed to analyse the main concerns about T2D treatment management in adults with and without reported T2D complications.

Methods:

Cross-sectional study conducted through an online survey addressed to people with T2D followed-up in Portugal. Concerns regarding “T2D treatment” were compared between people with (n = 231) and without (n = 203) reported complications associated with T2D. The mean + SD concern was calculated from semantic differential scale ranging from 0 (not at all concerned) to 3 (very concerned). Statistical analysis and the Mann-Whitney U test were performed at 5% significance level.

Results:

A total of 434 responses were analyzed. Respondents had a mean age of 62 years, and 53.2% (n = 231) have mixed complications associated T2D. Regarding the reported complications, 50.2% (n = 116) had more than 2 mixed complications, being the most common: sexual dysfunction (n = 127;55.0%), eye (n = 98;42.2%), and vascular complications (n = 63;27.3%). Regarding the concerns about treatment, the items ‘side effects of medications’ (p = 0.004), ‘the fact that some medications are injectable’ (p = 0.029), and ‘start of insulin’ (p = 0.018) showed divergence. Particularly, T2D-related complications ‘side effects’ (2.02±0.76 vs. 1.75±0.91-no complications) and ‘being injectable’ (1.30±1.05 vs. 1.08±1.08-no complications) showed a higher mean, as ‘like insulin initiation’ (2.27±0.99 vs. 2.01±1.08-with complications).

Conclusions:

Concerns related to the treatment itself are higher in people with complications, particularly in the therapeutic management of multiple medications and associated side effects. The management of disease with complications is more difficult