A Study to Evaluate Diabetic Treatment Adherence and Self-Care Activities Among Patients at OPD in Selected Lucknow City Hospitals

Dr. Sherin P.K, Principal,

Shri K. L. Shastri Smarak Nursing College, Mubarakpur, Mutkkipur, Uttar Pradesh

Introduction

The use of Diabetes Self Care Activities and adherence to treatment plans were assessed in male and female diabetics who went to an OPD at a Lucknow-based hospital for routine checkups. As the prevalence of the disease rises, patients with diabetes need to be better informed. It is true that people with diabetes require a lot of advice on a variety of topics, including diet, exercise, medications, and proper foot care. For diabetic patients to succeed in their treatment, they must acquire a wide variety of skills and knowledge. Teaching patients self-care skills can help to maintain blood glucose levels.Data on the prevalence and correlates of adherence in diabetic patients from developing countries are particularly scarce.. In countries like India, where diabetes prevalence is expected to rise sharply in the near future, it is critical to take steps to lessen the epidemic's effects. Patients' Diabetes Self Care Activities must be identified in order to increase adherence to the treatment plan. Educating and assisting diabetics to better manage their condition and delay or prevent the onset of complications are important roles for nurses to play.

A lot more research is needed because the researcher found only a few correlation studies between Diabetes Self Care Activities and adherence to the regimen. So, the researcher decided to conduct this research.

Methodology

For this research, the Social Cognitive Theory of Albert Bandura was used as a conceptual framework. The model takes into account a person's psychological, social, and physical well-being. When assessing adherence to the diabetic regimen, the modified Diabetes Self Care Activities Scale was used in this study; when assessing internal, chance, and powerful others' Diabetes Self Care Activities, it was used. The internal, chance, and powerful others Diabetes Self Care Activities Scales, as well as the Diabetes Self Care Activities Scale, all had r=0.79, 0.71, 0.73, and 0.68 as their respective reliability coefficients. The tool's content validity was tested by handing it out to five experts in the field.

A small number of Lucknow-area hospitals served as the site of the pilot study. Those with diabetes who visited the Diabetology OPD at the hospital comprised the samples.

100 men and 100 women with diabetes participated in this study, which took place at the Diabetology OPDs of the participating Lucknow hospitals. To save time, a convenient sampling method was used.

The six-week data collection period was over. A questionnaire and a check list were used to collect data.

Analysis of the data was carried out by means of descriptive and inferential statistics.

Results

The average age of the male samples was 41-50 years old, while the average age of the female samples was 51-60 years old (both 30 and 31 percent). Women between the ages of 61 and 70 make up 28% of the population. Most males (57 percent) and females (43%) had finished primary school, while 39 percent of males and 38 percent of females had finished upper primary school. The employment rate for men was 59%, while the unemployment rate for women was 56% and the employment rate for both was 47%. Type 2 diabetes mellitus was found in all males and females, with no exceptions. In the sample population, 45 percent of males and 38 percent of females had diabetes for a period of one to five years, respectively. Fewer than one in three adults had diabetes for more than seven years in both sexes. 87 percent of males and 88 percent of females were satisfied with their internal Diabetes Self Care Activities.. All samples showed no evidence of poor internal Diabetes Self Care Activities. 47 percent of males and 43 percent of females had a poor chance of participating in Diabetes Self Care Activities, respectively, based on the results of the study. 87 percent of males and 65 percent of females had a moderately powerful Diabetes Self Care Activities when it came to powerful others..

A moderate level of adherence to the diabetic regimen was reported by 56% of men and 58% of women who were diabetic clients.

Three-quarters of men and three-quarters of women said they had trouble adhering to their treatment plans. Only 23% of men and 8% of women effectively followed the diabetic regimen. In terms of internal Diabetes Self Care Activities, males had a mean score of 43, while females had a mean score of 45. Men scored 19 and women scored 22 on the chance Diabetes Self-Care Activities scale, respectively. In the category of powerful others Diabetes Self Care Activities, men scored an average of 23 points, while women scored an average of 27 points. When it came to Diabetes Self Care Activities, females were more likely to participate, while males were more likely to participate internally. Males and females are equally likely to engage in powerful others Diabetes Self-Care Activities. Adherence to a diabetic regimen was rated on a scale of 48 for men and 51 for women. The level of adherence among females was higher than that of males. Adherence to a diabetic regimen was found to have a statistically significant relationship with internal Diabetes Self Care Activities. Regression coefficient was 0.59. Male diabetic patients' adherence to their treatment regimen was not statistically significant when compared to chance and other Diabetes Self Care Activities. Therefore, we got two different sets of r values: one of -48 and another of 42. Internal, chance, and powerful others Diabetes Self Care Activities did not have a statistically significant relationship with adherence to the diabetic regimen in female diabetes patients. R values were found to be negative 0.30, negative 24.8, and negative 27. Internal Diabetes Self Care Activities and chance Diabetes Self Care Activities, as well as age, education, and duration of diabetes were found to have a direct correlation. It was found that female diabetes patients' powerful allies in their Diabetes Self Care Activities had a direct correlation with their age and the length of their disease. Internal Diabetes Self Care Activities of diabetic male patients were found to be associated with age and education in a study published in the journal Diabetes Care. Chance Diabetes Self Care Activities were linked to male diabetes patients' age, education, and duration of diabetes. There was a correlation between male diabetes patients' age and duration of the disease, as well as their participation in powerful others Diabetes Self Care Activities. Male diabetes patients who adhere to their diabetic regimen are more likely to be older, more educated, and have had diabetes for a longer period of time. Adherence to a diabetic regimen is associated with a higher level of education, as is the length of time a patient has had diabetes.

Conclusion

According to the research, men had a higher level of internal Diabetes Self Care Activities while women had a higher chance of Diabetes Self Care Activities. Diabetes Self Care Activities for Men and Women show no statistically significant differences. Females are more likely to adhere to their diabetes treatment plans than males. Among men, it was discovered that adherence to a diabetes regimen was positively associated with internal Diabetes Self Care Activities and statistically negatively associated with chance Diabetes Self Care Activities and powerful others Diabetes Self Care Activities. Internal Diabetes Self Care Activities, chance Diabetes Self Care Activities, and powerful others Diabetes Self Care Activities all had a statistically significant negative impact on diabetic regimen adherence in female diabetes patients. Internal Diabetes Self Care Activities and chance Diabetes Self Care Activities, as well as age, education, and duration of diabetes were found to have a direct correlation.

Reference

1. Brezo j, Royal C, Ampy F, Headings V.Ethnic Identity and type 2 DiabetesHealthAttitudes in Americans of African Ancestry.Ethnicity & Disease 2006; 16: 624- 632.
2. Caputo GM, Cavanagh PR, Ulbrecht JS,Gibbons GW, Karchmer 51 AW.
Assessment and management of foot diseasein patients with diabetes. N Engl J Med.1994;331:854–60
3. Kralik D, Koch T, Price K, Howard N.Journal of Clinical Nursing 2004; 13,259–
267.
4. Kannel WB,. Update on someepidemiologic features of intermittent
claudication: the Framingham study. J AmGeriatr Soc 1985;33:13–8.
5. Lavery LA, Armstrong DG, Quebedeaux
TL, Walker SC. Puncture wounds: normallaboratory values in the face of severe
infection in diabetics and non-diabetics. AmJ Med. 1996; 101:521–5.
6. Lee JS, Lu M, Lee VS, Russell D, Bahr C,Lee ET. Lower extremity amputation.
Incidence, risk factors, and mortality in theOklahoma Indian Diabetes Study. Diabetes.1993;42:876–82.
7. McGee DL. Diabetes and glucose toleranceas risk factors for cardiovascular disease:the Framingham study. Diabetes Care.1979; 2:120–6.