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The Effect of DM Education in Complication Screening on Self-Monitoring of Blood Glucose (SMBG) in Primary Health Care Setting

INTRODUCTION

There is an increasing emphasis on patient self-management on chronic disease care in the community setting. The American Diabetes Association (ADA) recommends finger-stick self-monitoring of blood glucose (SMBG) as an integral component of diabetic care. The ADA reports that clinical trials assessing the impact of glycemic control on diabetes complications have included SMBG as part of multifactorial interventions, suggesting that SMBG is a component of effective therapy.

In Hong Kong, many patients think that SMBG is not necessary. They only relied on the finger-stick blood glucose results on their follow ups. The present study aimed to demonstrate the change of patients' SMBG behaviors after Diabetic (DM) education.

METHODOLOGY

Part A - Risk Assessment and Management Program (RAMP) was set up in Chai Wan Family Medicine & General Out Patient Clinic in September, 2010. Chronic follow up diabetic patients would have Diabetic Complication Screening (DMCS) bi-annually. During the DMCS, the nurse will assess for the SMBG status of patients (pre-test) , delivered DM education on the importance of SMBG. For those who were willing to participate, the nurse would provide information and teaching classes to patients. A second survey on patient's SMBG status were conducted in February 2011 (post-test).

Part B - In March, 2011, a survey on the SMBG behavior and attitude at home was conducted to see if DM Education would promote positive DM monitoring behaviors and overall improvement in DM control.

- 1) A convenient sampling of patients who did not have SMBG before DMCS and started SMBG after DMCS
- 2) TSA of Chai Wan GOPC assisted to complete a Questionnaire by asking the patients 10 questions
- 3) A sample of 90 patients was recruited. 81 of them reported that they have SMBG at home. 3 reported that they did not remember how to perform SMBG. 2 reported that they never tried SMBG after learning the technique. 1 reported that he stopped SMBG due to financial problem. 3 could not be contacted.

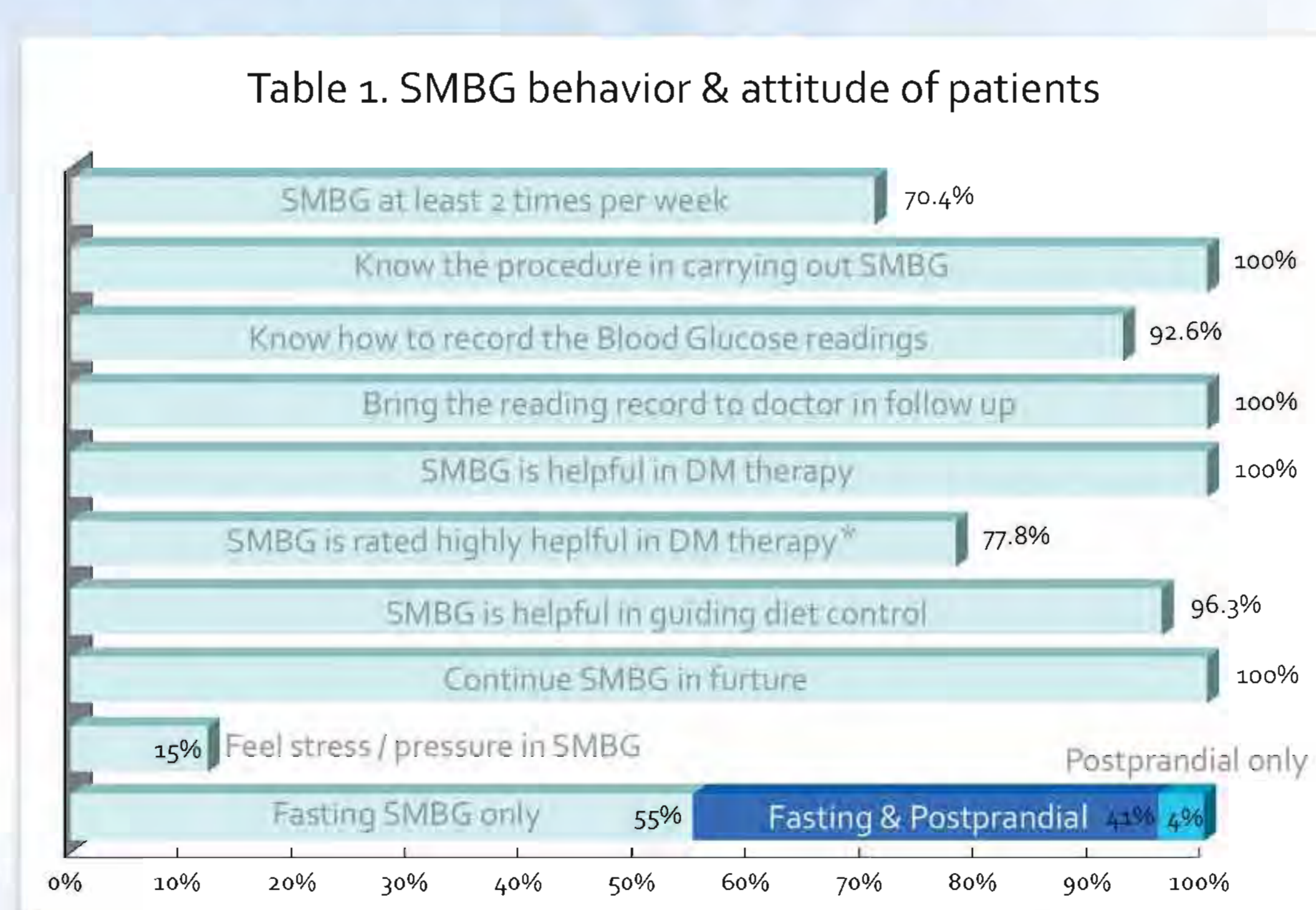


RESULT

Part A - From September, 2010 to December, 2010, there were 981 patients who completed DMCS and only 11.4% patients had SMBG. A second survey was conducted in February, 2011. The second survey found that 24.7% of all the patients had SMBG at home.

Part B - Those who reported to have SMBG at home show positive attitude towards the new behavior and also reported they will continue SMBG in future.

(Please refer to Table 1)



*Remarks: helpful rating score from 0-100
0 - 30: less helpful
31 - <70: moderately helpful
≥70 - 100: highly helpful

CONCLUSION

Self-management/self-care gives the freedom to patients to choose a lifestyle not dictated by diabetes. Day-to-day stability of glucose is only measurable and achievable through home monitoring. Promotion of SMBG and routine follow-up of SMBG technique are important in primary health care.