



Service Priorities and Programmes
Electronic Presentations

Convention ID: 442

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A pilot study of Telecare by DM peer leader

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Keywords:

Diabetic patient

Peer Support

Enhance treatment adherence

Promote quality of life

Introduction

The prevalence of diabetes mellitus (DM) in Hong Kong is approximately 10%. Diabetic related chronic complications are increasingly common and are associated with poor metabolic risk factors control. Apart from physical well-being, psychiatric mishap, such as depression, is increasingly recognized in the diabetic population. A well-structured diabetes care, addressing both physical and psychological needs, is vital for optimizing whole person care. As an adjunctive component of holistic patient care, telecare program on peer support in Diabetes has been launched since Jan 2013 in Diabetes and Endocrine Centre (DMEC), North District Hospital.

Objectives

•To provide peer support •To enhance treatment adherence •To promote quality of life

Methodology

21 subjects with DM and being followed up in Diabetes Nurse Clinic were recruited. They received regular telephone contact by trained peer leaders over a period of 4 months. For logistic reason, they were divided into 4 patient groups, with 1 peer leader assigned to each group. Blood taken for HbA1c level before the study and after 12 weeks were done to evaluate the change in glycaemic control. In addition, satisfaction survey was performed to evaluate the experience of the subjects.

Result

Paired t test was used to evaluate the changes of mean HbA1c level before and after the telephone care program. There was a significant reduction in mean HbA1c (Pre 9%, post 8.2%, $p < 0.05$). 11 out of 21 subjects (52.4%) were shown to have a significant reduction of mean HbA1c level (Pre 8.9% , post 7.9%, $p < 0.05$), with no adjustment in medication within the study period. The result of satisfaction survey showed that 41% of respondents reported very satisfactory experience, while 53% commented satisfactory to the study. Moreover, in the aspect of treatment adherence, they agreed that peer leaders had helped them, with breakdown component of 100 % in improving glycaemic control, 94% in improving dietary adherence and 94% in improving in self- monitoring of blood glucose. Conclusion: The findings of this pilot

study suggested that the telecare provided by the DM peer leaders could improve the diabetic patients' outcomes in glycaemic control and treatment adherence.