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A Joint Dietitian-Endocrinologist Care Model at a Local Acute Hospital

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Introduction

Nutritional care is an integral component of quality diabetes care, as diet influences glycemic control and thus the occurrence of diabetic complications. Studies have shown that one in three diabetic patients undergoing outpatient treatment skipped one or more visits to their dietitian. The need of a separate appointment is one of the default reason. We sought to remove this barrier by having a dietitian on site in the diabetes clinic.

Objectives

To evaluate the clinical benefits of joint dietitian-endocrinologist clinic at a local hospital.

Methodology

The patients are scheduled to meet the dietitian and endocrinologist at the same clinic session. A follow up appointment will be offered by dietitian after the first assessment. Patients were given individual dietitian advice taking into account their personal preferences and weight control management. The clinical characteristics of dietitian-coached group were compared with the conventional group (those who refused to have dietitian follow up or defaulted dietitian follow up). The changes in HbA1c, fasting blood glucose, body weight and blood pressure were analyzed by paired t-test.

Result

Among 159 patients included in this study, one-hundred and one patients were in the dietitian-coached group, fifty-eight patients were in the conventional group. Over the 12 months' intervention, HbA1c (-0.2 vs +0.3, $p= 0.02$) and diastolic blood pressure (-4.6 vs +0.1, $p= 0.02$) significantly differed between the two groups. However, no link was found on body weight, cholesterol and low-density lipoprotein level. Our experience has shown improvement in HbA1c and blood pressure in outpatients with use of a team approach, including endocrinologist, dietitian. Patients assume an active role in their own care, particularly for dietary compliance. This demonstrates that a joint dietitian-endocrinologist model offers a convenient strategy for diabetes

care.

Conclusion:

The team approach for diabetic outpatient care effectively provides a support system for our patients. With such an approach, improvement on glycemic and blood pressure control has been achieved.