



Diabetes Self Management and Patients' Characteristics: Evidence from the Ramallah Governorate Clinics, Occupied Palestine

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Background

- Diabetes Mellitus (DM) is one of the leading causes of morbidity and mortality in the Occupied Palestine.
- According to the Palestine STEPwise Survey 2010–2011, the prevalence of (DM) among adults aged 25–64 years was 12.5%.
- The 2011 health report of the (MoH) demonstrated that DM was the 4th leading cause of death in West Bank.

Why Is Self Management Important ?



Study Objectives

1

- To assess the level of diabetes self management

2

- To examine the association between diabetes self management practices and demographic /socio-economic characteristics

3

- To recommend policy options for improving diabetes mellitus management

Field work



Methodology

- Cross sectional clinic-based survey
- A sample of 517 Adult men and non pregnant women with type 2DM(M= 166, F= 351)
- 11 primary health care clinics : Ministry of Health (MoH), Joint MoH- Non Governmental Organizations (NGOs), and United Nations Relief and Works Agency (UNRWA) in the Ramallah Governorate.

Study Instrument

- Use of International Questionnaire to assess the level of self-management practices:
The Summary of Diabetes Self Care Activities (SDSCA).

SDSCA Questionnaire

7 aspects of diabetes regimen

Calculating a standard score for each of the following subscales:



- ✓ General Diet
- ✓ Specific Diet
- ✓ Exercise/Physical activity
- ✓ Blood sugar testing
- ✓ Foot care
- ✓ Medication adherence
- ✓ Smoking

Variables Definition

- Self care activities:
 1. No performance
 2. Partial/complete performance
(during the previous week preceding the survey)

Variables Definition.....(cont)

1- Age:

<65 vs. \geq 65 years old)

2- Sex (M/F)

3- Educational level:

- Low
- Middle
- High

4- Standard of Living (STL) index

- Low
- Middle
- High

5-Marital status

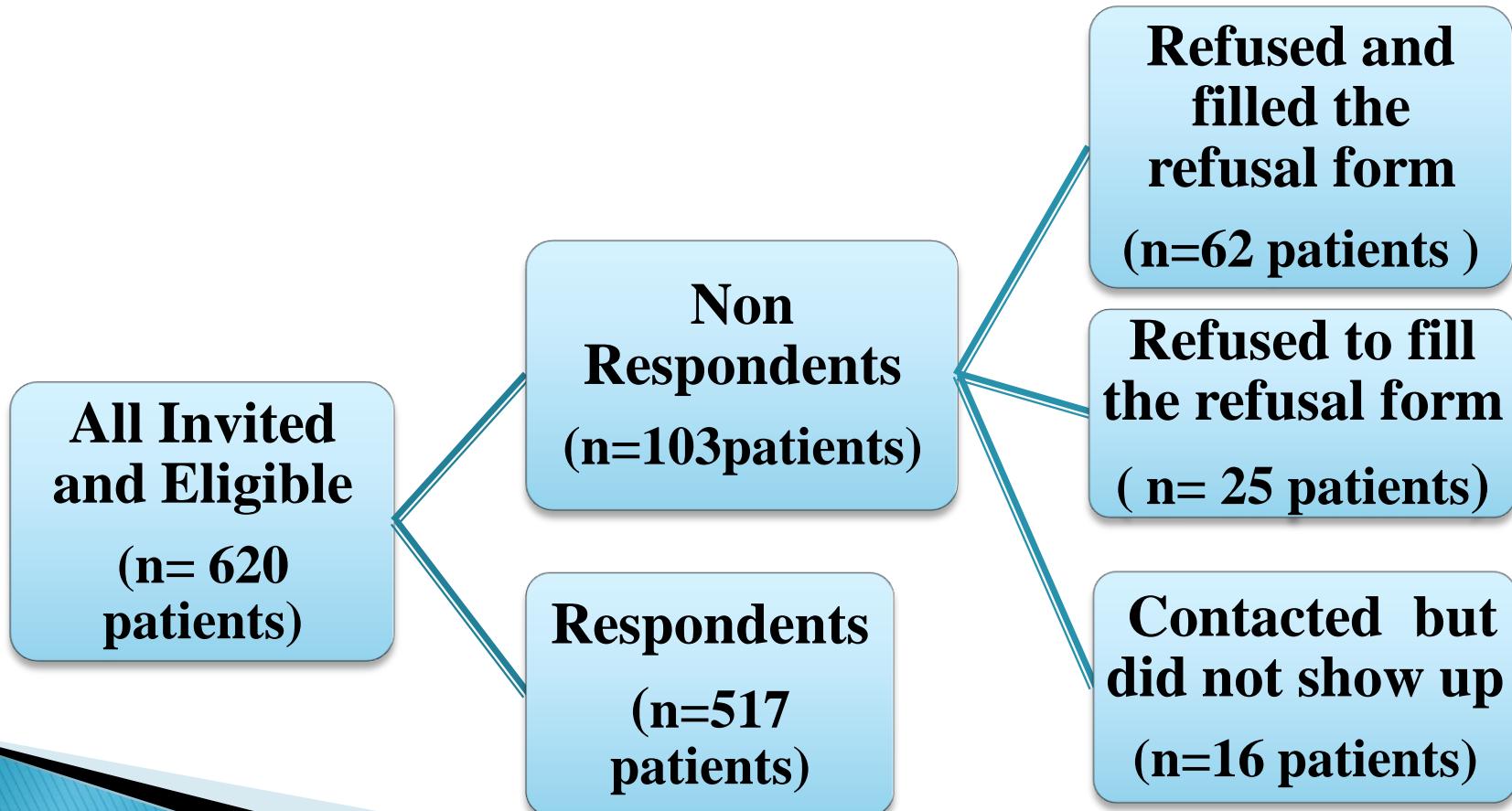
- Married
- Not married & other

Methodology (Cont....)

- ▶ **Descriptive Statistics**
(mean and SD for continuous variables & proportions (%) for categorical variables)
- ▶ **Bivariate analysis**
(Chi-2 test & Confidence Intervals)

Study Findings

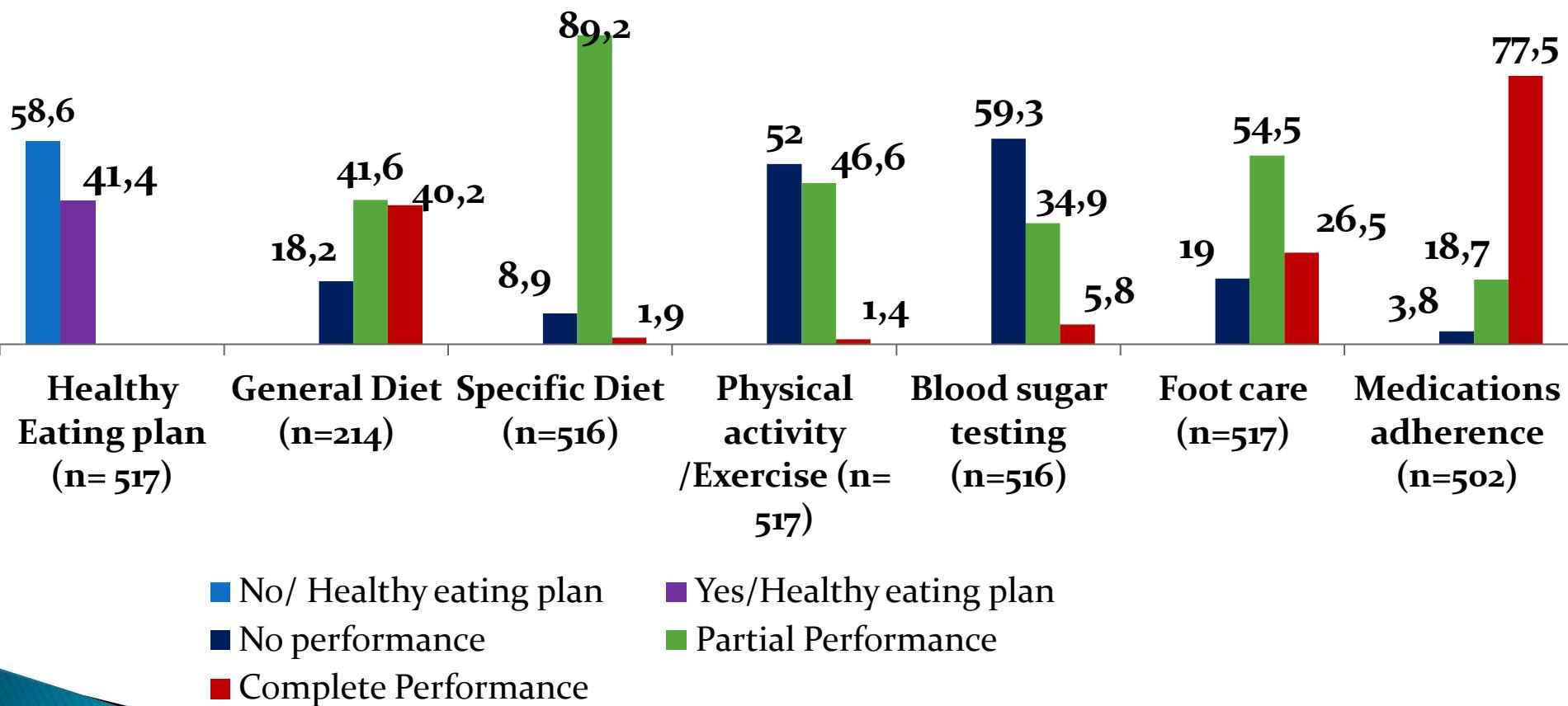
Response rate : 83.4%



Sample Characteristics

	category	Total
Sex (N=517)	Males	166(32.1)
	Females	351(67.9)
Age (N=515)	<65	385(74.8)
	≥ 65 years	130(25.2)
Marital status (N=	Never Married& others	119(23.0)
	Married	398(77.0)
Education (N=515)	Low	89 (17.3)
	Middle	236(65.3)
	High	90 (17.4)
STL* index (N=517)	Low	253 (48.9)
	Medium	209(40.5)
	High	55(10.6)

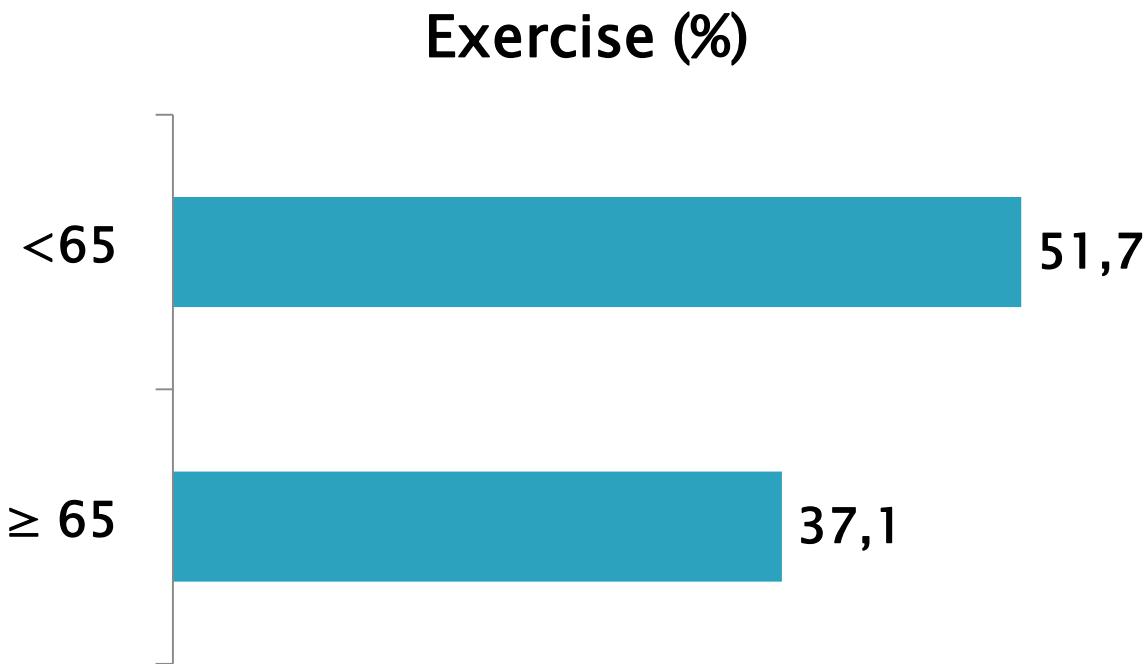
Sub-optimal levels of diabetes self management (%)



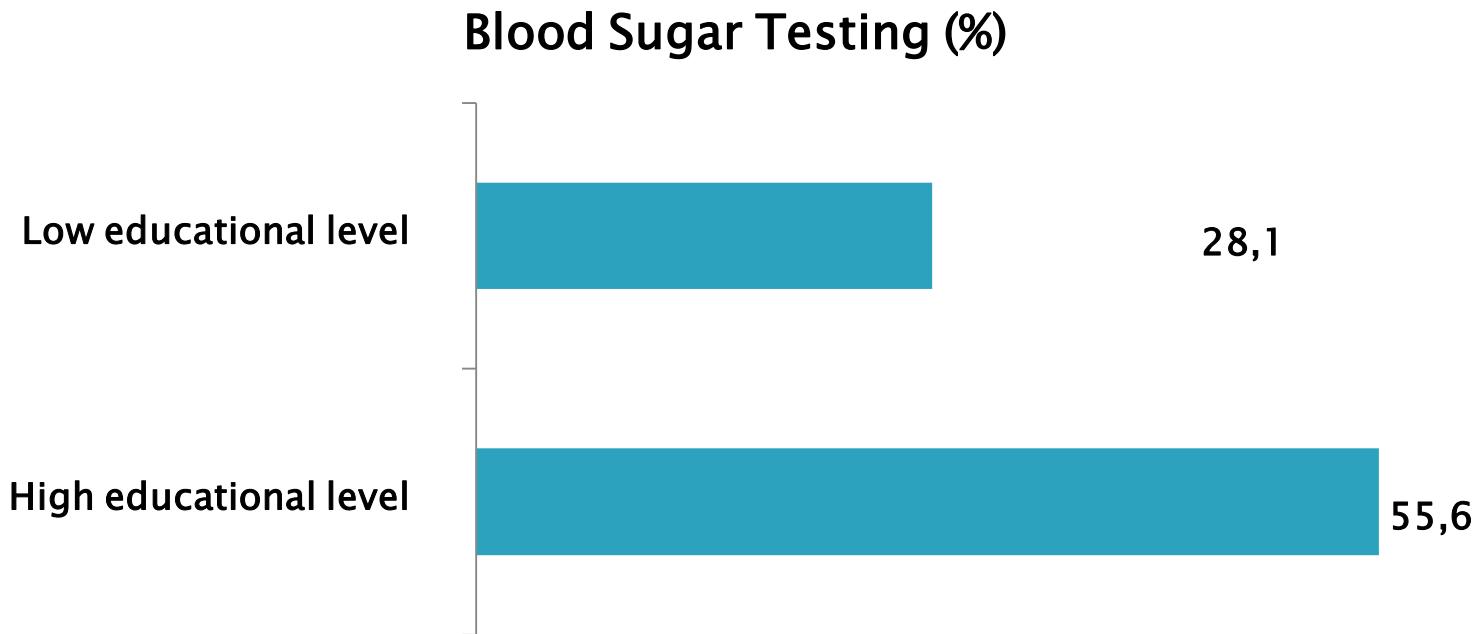
Results

- No Association was found between the different self care practices and sex, or marital status. However, smoking was more common among males.
- Age was associated only with exercise & blood sugar testing (BST) .
- Education & STL index were associated only with BST.

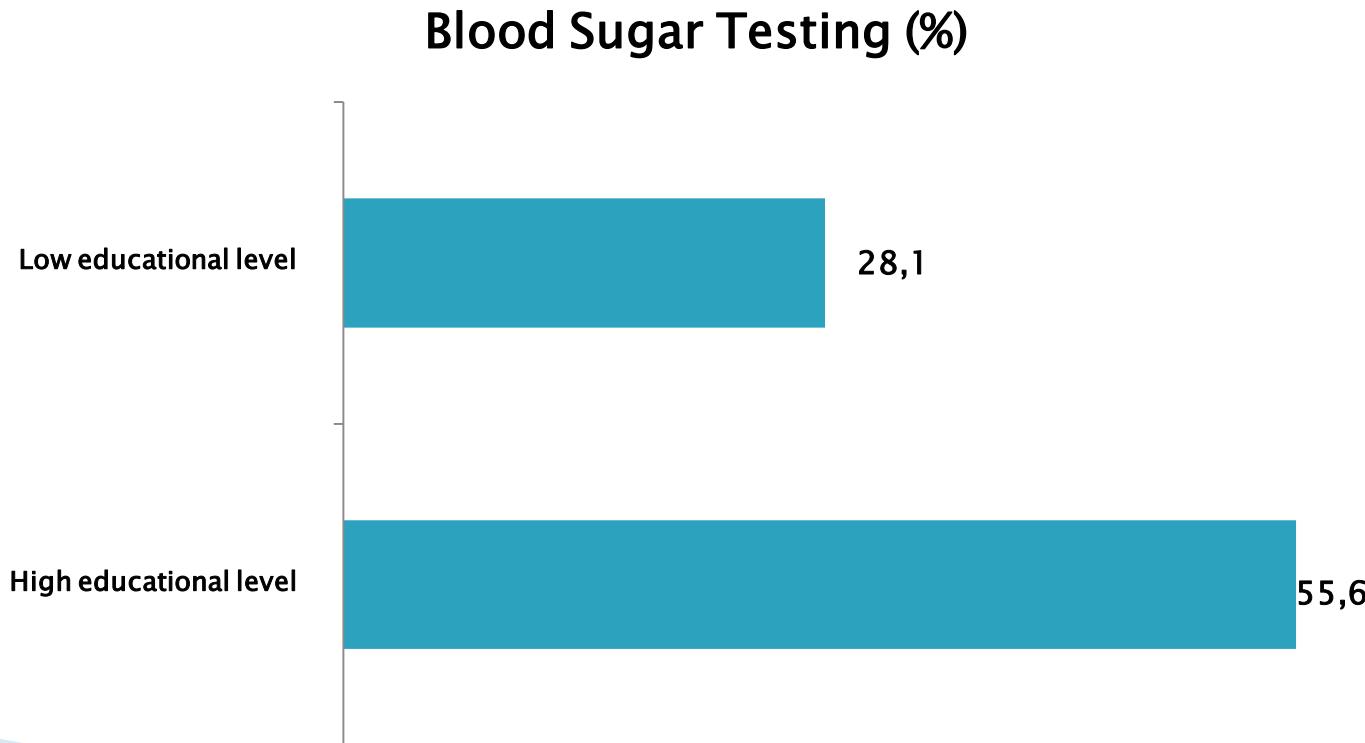
Younger Patients were more likely to exercise



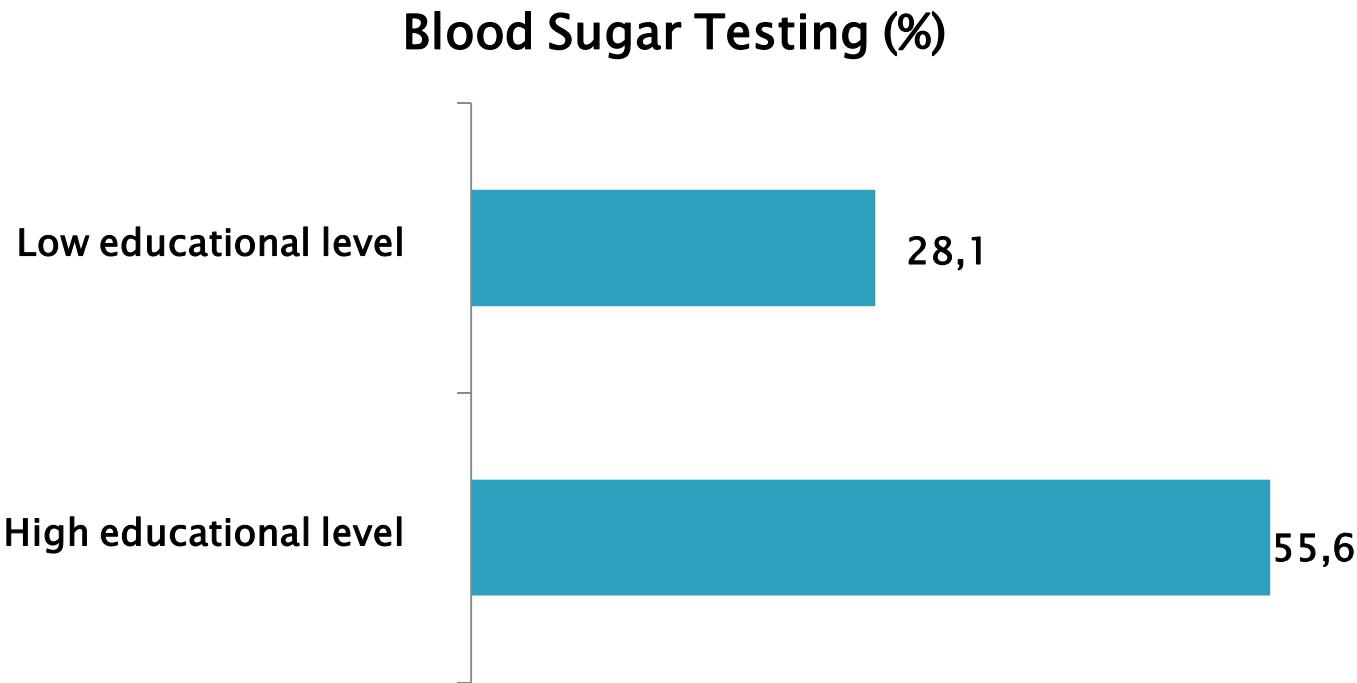
Younger Patients were less likely to test their blood sugar



Patients with higher educational level were more likely to test their blood sugar



Patients from high STL index educational level were more likely to test their blood sugar



Conclusion

- Sub-optimal levels of self management was observed
- Medication adherence was the most frequent aspect of self care performed by patients.
- Elderly T2DM patients, less educated patients, T2DM patients, or patients from low STL index were less likely to perform diabetes self-care practices.

Study Recommendations

- The need of a more comprehensive healthcare system rather than a pure biomedical model.
- The need of proper health education of DM patients.
- The need of further exploration of diabetes self management practices among type 2 diabetes mellitus patients in Palestine.

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Thank You



unite for diabetes