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Design and development of culture-specific pictograms for Type 2 Diabetes education and counselling

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Contextually and culturally appropriate pictograms have the potential to significantly improve understanding and recall of medical information for patients with low health literacy. This pilot project was undertaken with the goal of validating the design of existing pictograms for patient counseling in the management of Diabetes for use in West Coast First Nation remote communities in Canada. Four focus groups were conducted with members and health care providers of 6 West Coast communities. The groups were presented with existing pictograms from different sources to verify their facility to be understood and their cultural appropriateness. Comments from the groups were presented to a graphic artist. Once re-designed, the pictograms were validated with the same groups and further adjustments were done. With verbal explanations provided, all the participants understood the pictograms presented in the first place; however they observed that all pictograms presented (except the one "do not smoke") were not culturally appropriate and should also be modified to facilitate understanding. Therefore, a total of 33 new pictograms were created based on participants' feedback. At the validation sessions, all the groups found the new pictograms were culturally appropriate and improved their understanding, with a few of them still needing slight modifications. The consensus was that the existing pictograms needed to be modified to become culturally specific and easier to understand. Detail oriented pictograms were developed for patient counseling in Type 2 Diabetes.

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Plasma adiponectin and atherosclerosis in Type 2 Diabetes: Is obesity the link?

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Adiponectin is known to be associated with anti-atherosclerotic mechanisms. Carotid intima-media thickness (IMT) has been shown to correlate well with general atherosclerotic status. It also reflects the cardiovascular risk in Type 2 Diabetes. Plasma adiponectin levels were found to be lower in patients with atherosclerotic arterial disease. Decreased plasma adiponectin levels have also been reported in Type 2 Diabetes and were inversely related to insulin resistance. Some studies have also reported a negatively-significant correlation between adiponectin and carotid IMT, as a marker of atherosclerosis, in patients with Type 2 Diabetes and suggested that increased carotid IMT in those patients may, in part, be explained by lower plasma adiponectin. But these studies included obese and non-obese patients in the study group and it is not clear to what extent the relationship between plasma adiponectin and carotid IMT could be explained by other risk factors associated with obesity and metabolic syndrome. A group of 112 non-obese Egyptian patients with Type 2 Diabetes in addition to 40 age, sex and weight matched normal Egyptian subjects had assessment of their plasma adiponectin and carotid IMT. A non-significant inverse correlation was found between plasma adiponectin and carotid IMT in the study group. Multiple regression analysis revealed that plasma adiponectin was not a determinant of carotid IMT in those patients. These results point to the fact that the previously-reported inverse relation between plasma adiponectin and carotid IMT in Type 2 Diabetes could be explained, at least partially, by obesity.

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