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Treatment adherence among Saudi patients with type II diabetes mellitus: Descriptive correlational study

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Background: Diabetes mellitus (DM), particularly the uncontrolled diabetes, is a common problem that the researchers observed among patients in ambulatory care settings in the Western Region of Saudi Arabia. Adherence to the pharmacological and lifestyle interventions regimens is essential for weight and glycaemic control, as well as prevention of co-morbidities. However, it is important to determine which factors influenced adherence among diabetics.

Purpose: Describe the levels of treatment adherence among DM type II patients, explore the factors which influenced adherence and identify predictors of adherence using the Health Belief Model as a framework. Therefore, aiming at the development effective health care strategies aimed at optimising adherence.

Design: A cross-sectional, descriptive-correlational study was used to measure treatment adherence as well as exploring the factors associated with treatment adherence and the predictors to this adherence. The setting was five ambulatory care clinics affiliated with Ministry of National Guard in the Western Region.

Participants: Persons aged ≥ 18 years and had been placed on medication and lifestyle intervention regimens at least six months prior to data collection were qualified for recruitment. The sample comprised 1,409 randomly selected participants diagnosed with diabetes mellitus type II and who received treatment at the ambulatory clinics.

Methods: Participants completed a structured Arabic questionnaire, assisted by research assistants. The participants' clinical records were furthermore analysed, using a structured checklist. Descriptive and inferential statistics were performed to quantify adherence, explore the relationships among variables and identify the predictors of adherence within the framework of the Health Belief Model.

Results: High prevalence of obesity and low prevalence of glycaemic control were found. Participants adhered to the medication regimen but inadequately adhered to the lifestyle interventions regimen and blood glucose self-monitoring. The findings showed various perceptual problems that might have contributed to failure to adhere. The identified predictors of adherence indicated the essential requirements for health care interventions to secure treatment adherence. It is recommended that health education should address sociocultural in addition to biomedical matters to enhance the cultural congruency of interventions and ultimately adherence.

Conclusions: Management of diabetes mellitus aimed at achieving glycaemic and weight control, and protection against co-morbidities requires health education, motivation and support targeted at medication and in particular lifestyle adherence.

Biography

Jehad Halabi completed his PhD from the University of Illinois at Chicago; and MSc from State University of New York and presently is serving as Associate Professor at College of Nursing, King Saud bin Abdulaziz University- Health Sciences, Jeddah Saudi Arabia. He has earned his Certificates in Women's Health, Medical Education, & Gerontology from Chicago. Four distinguished scholar's awards from Chicago including International Scholar and Virginia Ohlson Award.

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