

MEETING ABSTRACT

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# Education in diabetes mellitus with focus on social support: longitudinal study

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## Background

Education in diabetes mellitus is an ongoing process to promote/encourage the acquisition of knowledge on self-care skills and control of the disease and this process can be facilitated by social support from family. The literature shows the benefits of educational interventions for people with diabetes mellitus, however, there are few studies on its long-term effects. Objective: To assess the effectiveness of educational interventions focusing on social support after two yrs. of its completion.

## Method

Quantitative/longitudinal study whose data before (T0) and after 12 months (T12) came from a clinical trial in which participants were given educational interventions through the “Conversation Maps in Diabetes”, tool and there was involvement of the family through an

Intervention Group, done by phone calls. The third collection (T36) of data was from the population (N=164) that participated of clinical trial. The variables of interest was the knowledge of the disease/care, evaluated by “Diabetes Knowledge Scale” (DKN-A) validated in Brazil, and glycemic control assessed by glycated hemoglobin value obtained in electronic medical records. In the statistical analysis we used the nonparametric ANOVA for repeated measures.

## Results

Of the 164 participants (82 of the Intervention and 82 of the Control Group), 95 (50 and 45 respectively) were interviewed. There were differences in the values of knowledge (p-value=0.0004) and glycated hemoglobin (p-value=0.0001) in the studied time (Figure 1).

Variable	Control Group Mean (SD)			Group Intervention Mean (SD)			p-value*		
	T0	T12	T36	T0	T12	T36	Group	Time	Group: Time
Knowledge about the disease and care (0-15)	9.93 (3.06)	11.19 (2.82)	10.40 (3.30)	9.50 (2.6)	10.26 (2.52)	9.71 (3.05)	0.0896	0.0004	0.5435
Glycated hemoglobin	9.12 (1.90)	8.47 (1.57)	8.75 (1.71)	9.86 (2.00)	8.90 (2.08)	8.73 (1.64)	0.282	0.0000	0.1253

\* Referring to the ANOVA for repeated measures

Figure 1 Knowledge about the disease and glycated hemoglobin. Ribeirão Preto, 2015.

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## Conclusion

The highest score of knowledge was at T12 in both groups, with a reduction in T36, reiterating the importance of education as an ongoing process. As for glycemic control, family social support seems to have influenced the maintenance of results.

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## Reference

1. Gomes Villas-Boas LC: Contribution of family social support on outcomes of educational interventions in people with diabetes mellitus: a randomized controlled trial. 2014, (Doctoral) Escola de Enfermagem de Ribeirão Preto – Universidade de São Paulo, Ribeirão Preto.

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