

MEETING ABSTRACT

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Chronicity, self care, social and family support: how the patient has?

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Background

Diabetes mellitus is a non-communicable chronic systemic disease. It is estimated that in 2030 will have over 300 million diabetics worldwide. Perform preventive measures on the glycemic control, foot care and other education initiatives in diabetes favors the reduction of signs and symptoms of the disease progression.

Objective

This study aimed to evaluate sociodemographic and clinical characteristics of a group of diabetics as well as meet social relations that permeate the self-care of these patients.

Materials and methods

Cross-sectional study, epidemiological performed in a referral center for diabetes and hypertension the northeast region of Brazil in the period June to August 2013.

Results

A total of 538 people with diabetes, and the study population was predominantly female (63.4%), married people or with fixed partners (55.6%), older (59.7%), Catholic (72.1%), low education, less than 10 yrs. (74%); 65% with incomes below twice the minimum wage. On clinical data 79.2% were hypertensive, 69.1% with over 10 yrs. of diagnosis of diabetes mellitus, 40.7% used medication by mouth for diabetes control, when asked about the help or assistance of others towards treatment, 62.3% reported not having social or family support or even encouragement to move with adherence to medication or non-medication treatment for diabetes. When asked about following the prescribed diet, only 60.4% reported following the diet routinely, as physical activity, 61.2% of persons were sedentary, 72.7% presented themselves with excess weight, and those with overweight or obese, 63.6% of diabetic

people found themselves with altered glycemia, with greater 140 mg/dL at the time of data collection at random.

Conclusion

Notoriously we see, when we analyze the data, the chronicity characteristics of the disease, lack of social and family support to these patients, worsening of clinical status and poor adherence to self-care of the person with Diabetes Mellitus. It is extremely important that multidisciplinary actions aimed at intensive care to this population are

Variable	n	%
Sex		
Male	197	36,6
Female	341	63,4
Marital status		
Married	299	55,6
Single	105	19,5
Widower	99	18,4
Divorced	35	6,5
Marital status		
With companion	299	55,6
No companion	239	44,4
Age rating		
Not old	217	40,3
Elderly	321	59,7
Religion		
Catholic	388	72,1
Evangelical	107	19,9
Another	43	8,0
Education		
Illiterate	59	11,0
Between 1 and 5 years	154	28,6
Between 5 and 10 years	185	34,4
Greater than 10 years	140	26,0
Retired		
Yes	270	50,2
No	268	49,8
Income		
Without income	27	5,0
1-2 minimum wages	325	60,4
2-4 minimum wages	133	24,7
≥4 minimum wages	53	9,9

Fonte: Coleta de dados em campo

Figure 1 Socio-demographic characteristics of people with diabetes mellitus treated as a referral center in a Northeastern capital. 2015.

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Variable	N	%
Hypertension		
Yes	426	79.2
No	112	20.8
Diabetes mellitus time		
≤ 10 years	166	30.9
≥ 10 years	372	69.1
Treatment		
Oral	219	40.7
Injectable	103	19.1
Conjugate	213	39.6
Assistance for the Treatment		
Wife	70	13.0
Children	102	19.0
Friends	2	.4
Others	29	5.4
Nobody	335	62.3
Follow the prescribed diet		
Yes	325	60.4
No	213	39.6
Physical activity		
Yes	209	38.8
No	329	61.2
Excess weight		
No	147	27.3
Yes	391	72.7
Glycemia		
Less than 140 mg / dl	196	36.4
Greater than or equal to 140 mg / dl	342	63.6

Figure 2 Clinical data of people with diabetes mellitus treated as a referral center in a Northeastern capital. 2015.

drawn at national level through effective public health policies they can minimize grievances as well, decrease complications using lines of care in diabetes care and management.

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