METHODOLOGY

This study aims to measure the patients' diabetes control and to identify its related factors among elderly diabetic patients in Kuantan. This cross-sectional study was conducted in six selected government health clinics in Kuantan (chosen from stratified random sampling) where 300 elderly patients with T2D were recruited via proportionate random sampling. The related factors studied were sociodemographic profile, health and treatment characteristics and quality of life using the RV-DQOL13 questionnaire. The data were analysed using SPSS version 26.

RESULTS

The mean age of the patients was 68.1 years old (SD=6.009). Most patients were female (57.3%), Malay (70.3%), married (66%), living independently (Modified Barthel Index = 99%) and from B40 (96.3%). The prevalence of good diabetes control was 59.3% (cut-off point = HbA1c ≤7.5%). The significant predictors for good diabetes control identified were non-Malay (aOR = 3.92, 95%CI 1.907-8.060, p <0.001), treatment with insulin injection (aOR = 0.193, 95%CI 0.094-0.395, p <0.001), abnormal capillary blood glucose (CBG) (aOR = 0.655, 95%CI 0.489-0.878, p <0.001), having higher LDL-C (aOR = 0.655, 95%CI 0.489-0.878, p = 0.005), and poor satisfactory impact from RV-DQOL13 (aOR = 0.919, 95%CI 0.884-0.954, p <0.001).

CONCLUSION

Elderly diabetic patients in Kuantan have good diabetes control. However, follow-up for this group needs to be emphasized among Malay patients, those on insulin treatment, poor CBG during TCA, high LDL-C and those who are unsatisfied with diabetes care to maintain good diabetes control prevalence.

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PREVALENCE OF DIABETES DISTRESS AMONG PATIENTS IN AN OUTPATIENT ENDOCRINE CLINIC IN A TERTIARY HOSPITAL: A CROSS-SECTIONAL STUDY

Vijayrama Rao Sambamoorthy, Liang Wei Wong, Anilah Abdul Rahim, Ijaz Hallaj Rahmatullah
Endocrine Unit, Hospital Raja Permaisuri Bainun, Ipoh (HRPB)

INTRODUCTION

Diabetes distress (DD) among diabetes mellitus patients is becoming a major challenge for healthcare providers. Studies have shown that patients with diabetes distress tend to have poorer glycaemic control. The Diabetes Distress Scale is a validated tool featuring 3 major domains: emotional burden (EB), physician distress (PD) and therapeutic support distress (TSD). Our study aimed to investigate the prevalence of diabetes distress among our patients and to identify risk factors associated with this condition.

METHODOLOGY

This is a cross-sectional study involving type 1 and type 2 diabetes patients seen in the HRPB Endocrine Clinic from February-March 2024. Patients who fulfilled the inclusion criteria (n=91) answered the validated Malay version diabetes distress scale questionnaire (MDDS-17). The Total mean score (TS) and the mean score of the 3 domains were analysed using univariate analyses via SPSS. A mean item score >3.0 denotes significant diabetes distress.

RESULT

Median TS is 1.94 (1.59-2.47). 16.5% of the patients had a TS score ≥3. Significant scores in the other domains were: 27.5% for EB, 12.1% for PD and 17.6% for TSD. Those with HbA1c >8.5% had higher median TS scores versus those with HbA1c <6.5% and 6.6-8.4% (2.24 vs 1.71, p = 0.028; 2.24 vs 1.82, p = 0.023) respectively. Patients with HbA1c >8.5% also had higher median TSD scores versus those with HbA1c <6.5% and HbA1c 6.6-8.4% (2.5 vs 1.9, p = 0.03, 2.5 vs 2.06, p = 0.041), respectively. Patients aged between 12-29 had lower median PD scores versus those aged 30-49 and 50-69 (1 vs 1.5, p = <0.001, 1 vs 1.5, p = 0.009), respectively. Patients with retinopathy had higher median PD scores versus those without (1.63 vs 1.0, p = 0.015). There were no significant differences in scores for gender, ethnicity, type of DM, duration of disease, socioeconomic status and other DM complications.

CONCLUSION

The prevalence of diabetes distress is 16.5%. Patients with poor glycaemic control, the middle-aged group and those with retinopathy had significantly higher diabetes distress scores. Efforts should be made to identify these groups of patients for timely intervention.