



P-043 - DIABETES SELF-CARE DID NOT HAVE AN EFFECT ON QUALITY OF LIFE IN PEOPLE WITH TYPE 2 DIABETES FOLLOWED IN PRIMARY HEALTH CARE

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Resumen

Introduction and objectives: Studies have associated diabetes with negative impacts on health-related quality of life (HRQoL). Several validated instruments are available to measure HRQoL in people with type 2 diabetes (PwT2D). The objectives of this study were to assess the knowledge of PwT2D followed in primary health care (PHC) about self-care in diabetes and its relationship with quality of life (QoL), and to compare clinical and laboratory parameters with the scores in different domains of the self-care and QoL questionnaires.

Methods: This descriptive-exploratory study was conducted in PHC in the city of Ferraz de Vasconcelos, São Paulo. The study included 199 PwT2D who met the following inclusion criteria: aged over 40 years, with a diabetes diagnosis (least two years), and currently using oral antidiabetic agents and/or insulin. Participants were required to complete two questionnaires: Summary of Diabetes Self-Care Activities Questionnaire (SDSCA) and Diabetes Quality of Life Measure (DQOL-Brazil). Laboratory test results were recovered from participants' medical records.

Results: Clinical and laboratory data of participants, presented as mean and standard deviation, were age 63.1 \pm 10.4 years, T2DM duration 10.2 \pm 8.8 years, glycated hemoglobin (A_{1c}) 8.2 \pm 2.1%, LDL cholesterol 107.3 \pm 36.6 mg/dL, HDL cholesterol 51.3 \pm 17.2 mg/dL, triglycerides 175.6 \pm 111.6 mg/dL, and estimated glomerular filtration rate 96.7 \pm 8.7 mL/min/1.73 m². Total scores for the SDSCA and the DQOL-Brazil were 45.8 \pm 16.5 and 93.6 \pm 10.5 points, respectively. Cronbach's alpha coefficient, used to assess the internal consistency of the questionnaires, was 0.61 for SDSCA (moderate correlation) and 0.8 for DQoL-Brazil (strong correlation). The Pearson correlation coefficient revealed a weak correlation between the total SDSCA score and T2DM duration (0.172, *p* = 0.019), with no correlation observed with A_{1c} levels (-0.042, *p* = 0.548). A similar pattern was observed for the total DQoL-Brazil score and T2DM duration (0.284, *p* 0.0001), and A_{1c} levels (-0.088, *p* = 0.213). Correlation analysis for each domain of SDSCA and DQoL-Brazil was also weak for both T2DM duration and A_{1c} levels. Moreover, correlation analysis between each domain of SDSCA and DQoL-Brazil showed no correlation, even when participants were divided into groups with A_{1c} 7.5% and A_{1c} > 7.5%.

Conclusions: Questionnaires used in this study did not identify a significant impact of self-care diabetes on QoL in PwT2D followed in PHC.