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Patient-healthcare provider in the chronic care model in Chile: Understanding the burden of treatment and the capacity to promote self-management

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The World Health Organization shows a mortality of 1.6 million associated with diabetes mellitus II (DMII). In Chile, the prevalence about diabetes is 10.2% and treatment adherence 34.2%. A qualitative study was conducted to compare perceptions from patients and health providers of patient's capacity (PC) to respond to DM II treatment workload (TW). Using intentional sampling for 3 focus groups (FG) of 10 patients each and 3 GF with 12 health professionals, in 3 community health centers in Santiago. Content thematic analysis of patient narratives on TW revealed 4 themes: the excess and complexity of medication treatment; the link between healthy eating and social isolation; the incompatibility of work and disease requirements and the mismatch of exercise indications and patient life style. Patient capacity revealed 4 themes: Family support influenced by machismo, informal education, cultural and social representations of the disease and support and advice from fellow patients. Same approach was used to examine health professional perceptions of TW for patients, where 3 themes emerge: Disorganization with medications; affinity with hyper caloric diet and sedentary lifestyle. Finally, 3 themes arise from health provider's perception of PC to assume their workload: Following cultural myths around the disease, cultural machismo favoring male patients and lack of patient and family education. Patient and health provider shared perceptions on difficulties to follow drug treatment and healthy eating, but assume different reasons for explaining it. Patient and providers disagreed on the difficulties and needs to integrate the disease into the family, work and social level. An effective self-management and treatment adherence of patient with DMII requires an active collaboration and voluntary participation on a productive patient-provider relationship to facilitate shared decision making and compromise. This approach will help control the physical, emotional and social impact of the disease on the patient's life.

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