OMICS International
conferenceseries.com

J Diabetes Metab 2015, 6:10
http://dx.doi.org/10.4172/2155-6156.C1.034

6th Global Diabetes
Summit and Medicare Expo

November 02-04, 2015 Dubai, UAE

Medicine-taking experiences and associated factors: comparison between Arabic-speaking and Caucasian English-speaking patients with type 2 diabetes

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Objective: The objective of this study was to explore and compare medication-taking experiences and associated issues in Arabic-speaking and Caucasian English-speaking patients with type 2 diabetes in Australia.

Research Design and Methods: Various healthcare settings in metropolitan Melbourne, Australia, were purposefully selected to obtain a diverse group of participants with type 2 diabetes. Recruitment occurred at diabetes outpatient clinics in two tertiary referral hospitals, six primary care practices and ten community centres. Face-to-face semi-structured individual interviews and group interviews were employed. All interviews were audio-taped, transcribed and coded thematically. Data collection continued until saturation was reached.

Results: A total 100 participants were recruited into two groups: 60 Arabic-speaking and 40 Caucasian English-speaking. Both groups had similar demographic and clinical characteristics. Only 5% of Arabic-speaking participants had well-controlled diabetes compared to 17.5% of participants in the English-speaking group. Arabic-speaking participants actively changed medication regimens on their own without informing their healthcare professionals. Arabic-speaking patients had more knowledge gaps about their prescribed treatments, compared with the English-speaking group. Their use of diabetes medicines was heavily influenced by peers with diabetes and family members; conversely, they feared that revealing the diagnosis within their wider Arabic community due to stigma and collective negative social labelling of diabetes. Confidence in non-Arabic speaking healthcare providers was lacking.

Conclusion: Findings yielded new insights on medication-taking practices and associated factors of Arabic-speaking patients with diabetes. It is vital that healthcare professionals working with Arabic-speaking patients adapt their treatment approaches to accommodate different beliefs and views about medicines.

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Relationship of *MTHFR* C677T and A1298C gene polymorphisms with type 2 diabetes and its complications in Emiratis population

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Type2diabetes(T2D)isoneofthemostcommonformofdiabeteswithvariouschroniccomplications.Methylenetetrahydrofolatereductase *(MTHFR)* polymorphisms are genetic variations that have been linked to T2D and its complications. The objective of this study was to investigate the possible association of MTHFR C677T and A1298C mutations with T2D and evaluate if there is an association with clinical and demographic characteristics among Emiratis population. The genotype and allele frequencies of *MTHFR* C677T and A1298C polymorphisms showed no significant differences between the patients with T2D and the controls. A significant association was observed between the C677T mutation and history of CVD, history of nephropathy and LDL cholesterol. Also, the A1298C mutation was associated with triglycerides in T2D patients. In conclusion, we did not find a significant association between the *MTHFR* gene polymorphisms and T2D per se, but there were a significant association between these polymorphisms and T2D-related complications such as history of CVD,history of nephropathy, LDL cholesterol and triglycerides in the Emiratis population.

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