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Effect of nurse management of diabetes in rural Western Kenya

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Background: Diabetes, a major CVD risk factor, is the leading cause of death in low and middle income countries (LMICs). However, treatment and control rates are very low in many LMICs. One strategy to improve access is task shifting of diabetes care to nurses, but it is unclear if such strategy is effective in LMICs. Here, I report the effect of a nurse based diabetes management program in Kenya.

Methods: In 2011, AMPATH chronic Disease Management Program initiated nurse based diabetes management in rural western Kenya in level two facilities. Diabetes patients who initiated care between January 1, 2015 and December 31, 2015, comprised the clinical cohort. The primary outcome measure was one year change in random blood sugars (RBS) evaluated by paired test. Results were determined overall, and stratified by key covariates, multivariable regression was also performed.

Results: The cohort consisted of 563 adults patients (297 F, 266 M) with follow up data available for 399 (70.8%). Overall RBS decreased significantly from baseline to follow up (4.3 mmol/L), which was also observed across several participant subcategories.

Conclusion: These results suggest that nurses managed diabetes care can significantly improve blood sugar among diabetic patients. If reproduced in prospective trial settings, this could be an effective strategy for diabetes care in LMICs.

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