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## Knowledge, Attitudes and Practices and its Association with Glycemic Control among Type1 Diabetes Mellitus Patients in. Tertiary Hospital in Davao City

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**Introduction:** Patient education is the cornerstone of diabetes care. This study was conducted to determine the knowledge, attitudes and practices (KAP) among patients with type. diabetes mellitus and find out if these factors are associated with glycemic control.

**Objectives:** This cross-sectional analytic study aims to identify the demographic profile of the subjects and assess their level of Knowledge, Attitude and Practices(KAP) towards diabetes mellitus (DM). It also aims to determine the association between the patients' KAP and glycemic control of DM among patients in. diabetic clinic.

**Methods:** Type1 DM patients were recruited using the convenient sampling method from. diabetes clinic. KAP were assessed using. 54-item structured KAP questionnaire and control of DM was evaluated from the most recent HbA1C levels.

**Results:** total of one-hundred sixty-eight patients (168) with T2DM participated. In this study, we found out that the level of knowledge, attitude and practices among patients following up in. managed diabetes center in. tertiary hospital is adequate achieving 56%, 66% and 91%, Good KAP is found in majority of females, above 60 year old, overweight, high waist-to-hip ratio, at least high school level, unemployed, with family history of DM, less than 10 years diabetic, those who attended DM classes, and without smoking history. However, these results were found not be statistically significant except for educational attainment for knowledge domain, female gender for attitude domain and unemployment status for the practice domain. There was. strong association between knowledge and attitude, but not with knowledge and practice ( $P > 0.05$ ). No significant association was noted between good KAP and glycemic control. Other plausible factors like socioeconomic constraints and lack of resources to facilitate medication adherence must also be identified and addressed to achieve better disease control. This study also emphasizes that providing patient education through diabetes classes and the presence of an integrated multidisciplinary team is important for enhancing patient KAP.

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## Molecular genetics of maturity onset diabetes of the young (MODY) in Tunisia

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In young persons, the prevalence of early-onset type. diabetes has been increased.. low prevalence of this cases present an autosomal dominant inheritance of diabetes which direct us toward the diagnostic of an heterogeneous monogenic form of diabetes. the Maturity Onset Diabetes of the Young (MODY). Here, we investigate the molecular genetics of the MODY in Tunisia by exploring the transmission of the pathology among. Tunisian families selected with strict clinical and familial diagnostic criteria common for all forms of MODY. Patients' DNA were analyzed by Next Generation Sequencing (NGS) covering about 5,000 genes including all the genes (13 genes, 122 coding regions) responsible of MODY emergence. Several variants affecting exonic, intronic, and untranslated regions were identified. About 11 variants, with. minor allele frequency (MAF) less than 5% according to ExAC database, were retained. Two rare homozygous variants were detected in GCK (c.777C>T. MAF= 1.6610-05) and ABCC8 (c.2975G>A. MAF= 710-04) genes. The remaining variants are heterozygous and related to the coding regions o. HNF1- $\alpha$  (c.293C>T), CEL (c.1808G>A, c.1832G>A, c.1841G>A, c.2119A>C, c.1463T>C) an. KCNJ11 (c.808C>G) genes and the intronic regions of PAX4 (c.748-3dupT) and HNF1- $\beta$  (c.345 -56A>G) genes. In the literature, these variants have never been described associated with MODY. Thereby, the less frequent variant (c.1808G>A (MAF= 8.2210-04), c.2975G>A (MAF= 3.3410-05), c.748-3dupT (MAF= 710-04)) were selected for. further investigation at familial and population levels. This step is important before accomplishing the functional analysis and start the identification of Novel form of MODY.

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