



National Healthcare Group
POLYCLINICS

Barriers To Adherence In Patients with Type 2 Diabetes in the Community: A Qualitative Study

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A member of National Healthcare Group
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Research Purpose

To explore factors that prevent adherence to diabetes management and treatment, from patients' perspective

Significance of Study

- Prevalence of Diabetes Mellitus in Singapore is 8.2%
- Leading cause of End-stage Renal Failure and blindness in adults
- Annually, 700 lower extremity amputations
- 8th commonest cause of death

MOH Clinical Practice Guidelines for Diabetes Mellitus (2006)

Literature Review

In U.S.A. and four European countries, a qualitative study was conducted on 123 patients with Type 2 diabetes, regarding issues and barriers related to patient compliance

- Well-motivated on compliance to diet and lifestyle
- Many felt that the information about the disease, prescribed treatment, lifestyle and diet were inadequately explained

Frandsen & Kristensen, 2002

Methodology

- Phenomenology approach with purposive sampling
- 10 participants were selected from Hougang and Woodlands Polyclinics
- Four individual interviews and one focus group interview
- Structured questionnaires and recorded interviews
- Data coded and analysed

Ethical Consideration

- DSRB and Research Committee of National Healthcare Group Polyclinics
- Informed consent was obtained
- Participants' anonymity and confidentiality assured
- All tape interviews destroyed after the research

Demographic Profile

Gender	Male	3	30%
	Female	7	70%
Age	40 – 50	3	30%
	51 – 60	4	40%
	61 – 70	2	20%
	71 - 80	1	10%
Duration with DM	< 5 years	1	10%
	5 – 9 years	2	20%
	10 – 14 years	4	40%
	> 15 years	3	30%
Diabetes Treatment	Diet	1	10%
	Diet + OHGA	6	60%
	Diet + OHGA + Insulin	3	30%

Results

2 Categories :

- Participants' views on healthcare professionals' management
- Participants' views on expected lifestyle changes

Participants' Views On Healthcare Professionals' Management

1st Theme - Trust in medical competencies

- “They are definitely well-trained”.
- “There are many things that only doctors and nurses (can) help”
- “(Doctor’s) decision is correct... my body is ok (after management)”.

Participants' Views On Healthcare Professionals' Management

2nd Theme - Unsatisfied relationships with healthcare professionals

- “I really know they are nice people, but they do not know what we need.”
- “I was very discouraged by one or two doctors ... they don't want to give you their listening ear to our family problems”.

Participants' Views On Lifestyle Changes

1st Theme - Personal beliefs and rights

- “.. I think all this is up to individual to decide what they want to do...I took my medication as and when I need to and when I feel like to.” “I know that the nurses’ education does make me understand my condition better but it really depends on me to decide..”
- “You can tell us what to do but whether we want to accept it or not, it is up to us to decide.”

Participants' Views On Lifestyle Changes

2nd Theme – Poor health perception on severity of glycaemic control

- “...Now I am young, I know I can take it, no problem”
- “The way I eat and take my medicine, whatever I want to eat... I never control my diet... I take it easy”

Participants' Views On Lifestyle Changes

3rd Theme - Lack of discipline

- “I am very lazy... once you are lazy you can't be bothered to go down and exercise.”
- “When I go on holiday, I forget all about my diet.”
- “I can go buffet maybe twice a week... I love eating.. I love fruits.. I love milo.”
- “I feel very guilty, much as I want to do (behavior changes) the spirit is willing but then the flesh sometimes is weak.”

Limitations

- Results cannot be generalized to the whole population
- Sometimes, responses from the focus group, got carried off from the themes

Moving Forward



Clinical Implications

- Evolving characteristics of patients
 - Higher expectations
 - Personal autonomies and rights
- Altered perception of health
 - Casual attitude to glycaemic control
- Lack of discipline
 - Adherence to management plans

Clinical Implications

- Change of counseling tactics
 - Motivate and engage patients instead of didactic sessions
- Constant reflection of own practice
 - Faith in patients
 - Be more understanding and empathetic

Conclusions

- Management of patients with Type 2 Diabetes Mellitus is challenging
- Explore and bridge the knowledge–behavior gap
- Go beyond standard nurse counseling and education – apply motivational therapies, manage resistance to lifestyle changes

References

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THANK-YOU



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