

Factors affecting the compliance to investigations of patients with Diabetes Mellitus attending a medical clinic at a tertiary care hospital

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Introduction

The prevalence of Diabetes Mellitus has increased rapidly in Sri Lanka during the last decade. Glycaemic control and complications of diabetes should be assessed regularly. Although health care is provided at zero user charge in the government sector, patients have to get many of the investigations performed in the private sector as they are not available in the state sector.

Methods

A cross sectional descriptive study was carried out in the clinics of a general medical unit at the National Hospital of Sri Lanka. 107 consecutive patients diagnosed with type II Diabetes Mellitus were recruited. Data was collected using an interviewer administered questionnaire. The awareness of patients regarding the relevant investigations (Fasting blood glucose, HbA1c, lipid profile, urine for microalbumin and retinopathy screening) and the factors affecting their compliance towards these investigations was assessed.

Results

56.1% of the patients were females. The mean age of the participants was 61 years. Majority (35.5%) were educated up to GCE Ordinary Level while 28% had only studied up to Grade 5. 42.1% had a income in the range of Rs.10,000-20,000 and 25.2% had a income less than Rs. 10,000. The majority (74.8%) performed investigations monthly, while 11.2% performed the test at a frequency of once in two months or less. The commonest reason for not doing fasting blood glucose (FBG) as advised was forgetting to do the test (25%). 22.5% did not do it regularly because of financial constraints. Compliance with other investigations was less than that for FBG. The main reasons for not doing lipid profile, HbA1c and urinary microalbumin periodically according to the patients were lack of awareness of the tests and the high cost involved. The majority of patients had not heard of the investigations HbA1c (77.6%) and urine microalbumin (50.5%). However these rates were considerably less for lipid profile (18.7%) and retinopathy screening (16.8%).

Conclusions

While monitoring the glycaemic control of diabetic patients and assessing complications is an essential part of management, the relevant investigations were often not done regularly due to factors like poor awareness about the investigations and high cost of these investigations which are not available to them in the state sector. Awareness regarding HbA1c in particular was poor.