# ASSESSMENT OF THE EFFECTIVENESS OF SELF-MANAGEMENT IN OUT PATIENTS WITH TYPE 2 DIABETES MELLITUS

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#### **ABSTRACT**

Diabetes mellitus, along with other socially significant non-communicable diseases, is one of the most pressing problems of society due to its widespread prevalence, the presence of serious complications, and significant social and economic losses<sup>1–3,3–7</sup>. The International Diabetes Association estimates that 415 million adults have diabetes in 2015. About 5 million people aged 20 to 79 have died due to diabetes. In Kazakhstan as of December 2014 244,541 patients with diabetes mellitus were registered, which corresponds to an incidence of 164.4 per 100 thousand population<sup>4,8–11</sup>. It is important to note that type 2 diabetes largely depends on the patient's behavioral factors, which indicates the need to influence, first of all, changing habits, lifestyle and developing healthy behavioral attitudes. People with diabetes need to develop skills to manage their behavioral risk factors, use health services and medications effectively, and cope with the impact of the disease on their daily lives<sup>12–17</sup>.

**Keywords:** Diabetes mellitus, glycated hemoglobin, UTI, LDL.

#### INTRODUCTION

The introduction of programs to support self-management enables patients to manage their health status, use knowledge and skills to effectively use medical resources. Self-management is an individual's ability to manage the symptoms, treatments, physical and psychological consequences, and lifestyle changes associated with chronic illness<sup>18–23</sup>. Currently, the Ministry of Health is conducting a project on chronic disease management (CDM) together with the international consulting company Canadian Society for International Health<sup>24–28</sup>.

**Purpose of the study**- based on a comprehensive study of the results of the SD management program, determine the effectiveness of the activities carried out and propose measures for improvement.

#### **MATERIALS AND METHODS**

The research methodology is based on a longitudinal study. A group of patients (174 people) registered with diabetes was studied. Preliminarily, as part of the PHC, primary care physicians were trained for 1.5 years (3 training sessions and 2 support visits by specialist doctors from Canada were conducted), they were trained in motivational counseling techniques and monitoring the implementation of an individual action plan by patients. Patients were surveyed, including questions aimed at assessing the activities of medical workers to support self-management, and after 6 months, the dynamics of weight, BMI, LDL, glycated hemoglobin (HbA1c), SBP and DBP were determined. At the beginning and at the end of the study, the level of self-confidence was assessed using a generally accepted scale.

#### RESEARCH RESULTS

As a result of the analysis of survey data, it was found that medical workers prepare for a planned appointment, invite patients to an appointment via a telephone call, show attention to patients and listen carefully to the patient. However, on the part of patients, a lack of coordination in the actions of medical workers was noticed: 17% of respondents noted that doctors were not familiar with the prescriptions of other specialists, which reduced the level of motivation of patients. At the same time, patients saw the reason for this situation in staff turnover. Although a high percentage of respondents reported that treatment goals were discussed with them (77%), significantly fewer participants responded that they were asked about difficulties in achieving these goals (41%). Based on the above, it can be assumed that monitoring of the implementation of recommendations made during an appointment is not carried out with all patients. A survey of patients showed that motivational counseling was carried out poorly<sup>29–37</sup>. The identification of emotional problems in the patient was carried out only in 35% of respondents, the presence of stress was determined in 40%, and problems associated with alcohol or drugs, mental illness were identified in only 51% of respondents. It is very important to identify the problems and obstacles that the patient has on the way to lifestyle changes. This will help you find the best plan of action for change. Often, chronic diseases are combined with depression, stress, and emotional illnesses, which can prevent the patient from starting the process of selfchange. As a result of the study, significant differences in HbA1c levels at the beginning of the program were revealed from 7.85±1.62 to 6.75±1.10 in HCP participants with a positive trend of self-confidence in their own abilities to manage the disease (p<0.05). Weight, BMI, LDL, SBP and DBP tended to decrease<sup>38–45</sup>. In the group of patients with negative dynamics in the level of self-confidence, there was only a tendency towards a decrease in SBP, and, conversely, a tendency towards an increase in HbA1c, LDL, weight and BMI. In the group of patients with unchanged levels of self-confidence, HbA1c levels significantly increased.

### **CONCLUSIONS**

Thus, based on the results of our work, it becomes obvious that primary care physicians must master the skills of motivational counseling and influence the patient's self-confidence and the achievability of results. Confidence can be influenced through the creation of individual action plans. If the patient is not confident in the implementation of this plan, then it is necessary to find out the reasons and adjust the plan. These activities can be carried out through monitoring the implementation of recommendations. Psychologists and social workers may be involved with more complex patients, especially to provide general monitoring and follow-up to hard-to-reach patients, and to provide self-management support for complex populations.

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