

International Conference on
General Practice & Hospital Management

December 8-9, 2016 | Dubai, UAE

ANTIDIABETIC TREATMENT AND EFFECTIVENESS ANALYSIS IN TYPE 2 DIABETES MELLITUS AT A TERTIARY CARE CENTRE IN THE OCCUPIED PALESTINE: A FOLLOW-UP STUDY

Mosleh*

*Universiti Teknologi Mara, Malaysia

Introduction: Glycaemic control remains the major therapeutic objective for any treatment regimen of Type 2 Diabetes Mellitus (T2DM) in order to prevent/delay diabetic complications. T2DM patients can be treated with mono-therapy with oral antidiabetic agents (OAs) or insulin, or combination therapy of OAs and insulin. Medication adherence (MA) is an integral part of diabetes health care.

Objectives: The aims of this study are to determine anti-diabetic treatment regimens, evaluate MA, and effectiveness of different antidiabetic therapies.

Methods: An observational follow-up study conducted for 6 months at the National Centre for Chronic Diseases and Dermatology; a governmental tertiary care centre of occupied Palestine, where 79 T2DM patients were evaluated.

Results: OAs were prescribed for 16 patients (20.3%), 14 patients (17.7%) received insulin only, and more than half of them (59.5%) received combination treatment of OAs and insulin. Fifty eight patients were considered adherent (Morisky Medication Adherence Scale with adherence score ≥ 6). Effectiveness of diabetes health care was evaluated in follow-up patients achieved optimal glycemic control (HbA1c $\leq 7\%$). Seventy three patients have been pursuing their HbA1c levels, of which 16 (21.9%) achieved optimal glycemic control, and the majority of them did not achieve optimal glycemic control. The results showed a lack of relationship between the MA and the effectiveness of care ($P=0.522$). However, diabetes health care provided for patients who stated they are currently taking the combination treatment of OAs and insulin was less likely to be effective (OR=0.385, $P < 0.05$).

Conclusion: It is clearly obvious that patients who were treated with combination treatment of OAs and insulin had more progressive uncontrolled T2DM, and required more aggressive treatment in order to ensure optimal glycemic control. However, this is an issue of concern that could be attributed to delay in applying insulin and uninterrupted supply of insulin to patients by the governmental administration center.

Article_salmani@yahoo.com