

Education in diabetes - essential basis for patient's psycho-social adaptation and diabetic compensation quality improvement

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The aim of this work was to establish the diabetic education level, patient's psycho-social mood and diabetic compensation quality with the example of Georgia's children with type 1 diabetes mellitus (T1DM).

189 children (T1DM) were examined. According to following year groups: I group - 46 children aged 6-11 yrs. diabetes duration: 1-8 yrs. II group - 58 children aged 12-15 yrs. diabetes duration 1-11 yrs. III group - 85 children 16 years and above, diabetes duration 1-21 yrs. Research was conducted according to these questions:

1. If friends and relatives know you have diabetes?
2. If friends and relatives know how to help while hypoglycemia?
3. If you carry Glucometer and Insulin Pens with you in school?
4. If your closest friends know how to use them?
5. If you bring food to school?
6. If diabetes interferes with your physical activities?
7. Who attended diabetic school from your family and how many times?

only 5% of I group of patients are hiding having diabetes. 10% of their friends and relatives know how to react during hypoglycemia. patients of II and III groups do not hide the fact that they are diabetic. Their friends and relatives know how to help in case of hypoglycemia. 28% of patients of first group do not carry Glucometers and Insulin Pens to school. Accordingly 45% of second group and 35% of third group. 59% of closest friends of first group 75% of second group and 59% of third group do not know, how to use Glucometer and Insulin Pens. 1.5% of patients in I group do not take food to school; respectively 30% of II group and 63% of III group. Diabetes interferes with physical activity for 14% of patients in I group, whereas for patients in other groups it does not seem to be a problem. 31% of I group's mother and child attended Diabetic school once, with average annual HbA1c 9.2%; 50% of mother and child attended the school twice with average annual HbA1c 8.1%; 19% of mother, child and father attended the school twice with average annual HbA1c 7.5%. In II group 80% of mother and child attended the Diabetic school once, with average annual HbA1c 9.8%. 10% of mother and child attended the school twice, average annual HbA1c 8.5%; 10% of mother, child and father attended the school twice with average annual HbA1c 7.2%. In III group 50% of mother and child attended the school once, average annual HbA1c 10.5%; 40% of mother and child attended the school twice, average annual HbA1c 8.8%; 10% of mother, child and father attended the school twice, with average annual HbA1c 7.8%.

Our research in Georgia's children with type 1 diabetes mellitus (T1DM) revealed that majority of patients do not hide having diabetes and it does not interfere with physical activities, their friends and relatives are informed about extreme hypoglycemia situation, know how to use Glucometers and Insulin Pens. Studies have shown that it is essential to attend Diabetic school every year. It is preferable for teenagers to go through the course again with friends. Education in diabetes of not only mother and child but sometime of relatives and friends is essential to avoid further diabetic complication.