

## **ABSTRACT**

### **An assessment of some aspects of management by tertiary prevention of diabetes by doctors at the primary care level**

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Diabetes Mellitus is among the top five leading causes of morbidity and mortality in Jamaica.

This islandwide cross-sectional study examined the knowledge, attitudes and practice of primary care physicians concerning assessment of glycemic control and monitoring for long-term complications in diabetes.

A total of 152 physicians completed a structured questionnaire. Exit interviews with 15 patients were also conducted to gain further insights in the physicians' management of diabetes. Data was analysed using Epi-Info version 6.04.

The results showed that only 41% of respondents were familiar with PAHO guidelines for management of diabetes. Only 44% had correct knowledge about the concept of tertiary prevention of diabetes. The majority of physicians correctly identified the long-term complications of diabetes mellitus. A greater percentage of those who graduated in the 1980's and 1990's had correct knowledge of 4 or more of 6 tertiary prevention screening strategies identified, when compared with graduates of previous decades.

Most physicians had positive attitudes towards use and usefulness of practice guidelines, educating their patients and the clinical management as recommended by regional and international organizations. Female physicians had higher attitude scores than their male counterparts. In general, only a small

majority of physicians were influenced by cost of laboratory investigations when deciding to order them.

The self-reported practice of physicians regarding monitoring for long-term complications by using certain screening strategies, revealed that they did NOT demonstrate a high degree of compliance with recommended practice guidelines. For example, dilated eye examinations; foot examinations for neurological deficits; glycosylated haemoglobin and microalbuminuria/24-hr. urinary albumin excretion rates were being monitored less frequently than recommended. The main exceptions were blood pressure and blood glucose monitoring for short-term glycemic control, where over 90% of physicians reported monitoring these frequently and on most patients.

In conclusion, the results underscore the importance of continuing medical education and suggest that more proactive efforts should be instituted to ensure acceptable and optimal levels of control of diabetic patients.