



ELSEVIER

Contents lists available at ScienceDirect

Primary Care Diabetes

journal homepage: <http://www.elsevier.com/locate/pcd>PCDE  
primary care diabetes europe

## Review

## Psychosocial barriers to healthcare use among individuals with diabetes mellitus: A systematic review

Andrea Paduch<sup>a,1</sup>, Silke Kuske<sup>a,b,\*,1</sup>, Tim Schiereck<sup>a</sup>, Sigrid Droste<sup>a,3</sup>,  
Adrian Loerbroks<sup>c</sup>, Monica Sørensen<sup>d</sup>, Marina Maggini<sup>e,2</sup>,  
Andrea Icks<sup>a,b,f,2</sup>, on behalf of the Joint Action on Chronic Diseases and  
Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS)

<sup>a</sup> Heinrich Heine University Düsseldorf, Faculty of Medicine, Institute for Health Services Research and Health Economics, Centre for Health and Society, Moorenstraße 5, 40225 Düsseldorf, Germany

<sup>b</sup> German Diabetes Center (DDZ), Leibniz Institute for Diabetes Research at Heinrich Heine University Düsseldorf, Institute for Health Services Research and Health Economics, Auf'm Hennekamp 65, 40225 Düsseldorf, Germany

<sup>c</sup> Heinrich Heine University Düsseldorf, Faculty of Medicine, Institute of Occupational, Social and Environmental Medicine, Centre for Health and Society, Moorenstraße 5, 40225 Düsseldorf, Germany

<sup>d</sup> The Norwegian Directorate of Health, Pb 7000 St. Olavs plass, 0130 Oslo, Norway

<sup>e</sup> Centro Nazionale di Epidemiologia, Istituto Superiore di Sanità, Viale Regina Elena 299, 00161 Rome, Italy

<sup>f</sup> German Centre for Diabetes Research, Munich-Neuherberg, Germany

## ARTICLE INFO

## Article history:

Received 10 October 2016

Received in revised form

26 June 2017

Accepted 31 July 2017

Available online xxx

## ABSTRACT

**Purpose:** To conduct a systematic review regarding psychosocial barriers to healthcare use in individuals with diabetes mellitus, using a well-established model of health-service use as a theoretical framework.

**Methods:** We used database-specific controlled vocabularies and additional free text terms, and conducted searches via MEDLINE, EMBASE, PsycINFO, CINAHL, Web of Science, OVID Journals. Included studies were rated according to the UK National Institute for Health and

**Abbreviations:** CINAHL, Cumulative Index to Nursing and Allied Health Literature (bibliographic database for nursing and allied health); DM, diabetes mellitus; T1DM, type 1 DM; T2DM, type 2 DM; GDM, gestational DM; DZD, German center for diabetes research; DDZ, German center for diabetes research in Düsseldorf; EMBASE, Excerpta Medica Database (bibliographic database for biomedicine); EMTREE, thesaurus used in EMBASE database; ERIC, Education Resources Information Center (bibliographic database for education); KvK, Karlsruhe virtueller Katalog; MEDLINE, Medical Literature Analysis and Retrieval System Online (bibliographic database for medicine); MeSH, medical subject headings used in MEDLINE Database; NICE, National Institute for Health and Care Excellence; PsycINFO, Psychological Information Database; GP, general practitioner; HbA<sub>1c</sub>, glycated haemoglobin; LDL, low-density lipoprotein; BRFSS, Behavioral Risk Factor Surveillance System.

\* Corresponding author at: Heinrich Heine University Düsseldorf, Faculty of Medicine, Institute for Health Services Research and Health Economics, Centre for Health and Society, Moorenstraße 5, 40225 Düsseldorf, Germany.

E-mail addresses: [andrea.paduch@uni-duesseldorf.de](mailto:andrea.paduch@uni-duesseldorf.de) (A. Paduch), [silke.kuske@ddz.uni-duesseldorf.de](mailto:silke.kuske@ddz.uni-duesseldorf.de) (S. Kuske), [Tim.Schiereck@uni-duesseldorf.de](mailto:Tim.Schiereck@uni-duesseldorf.de) (T. Schiereck), [sisia71@web.de](mailto:sisia71@web.de) (S. Droste), [adrian.loerbroks@uni-duesseldorf.de](mailto:adrian.loerbroks@uni-duesseldorf.de) (A. Loerbroks), [monica.sorensen@helsedir.no](mailto:monica.sorensen@helsedir.no) (M. Sørensen), [marina.maggini@iss.it](mailto:marina.maggini@iss.it) (M. Maggini), [andrea.icks@uni-duesseldorf.de](mailto:andrea.icks@uni-duesseldorf.de) (A. Icks).  
<http://dx.doi.org/10.1016/j.pcd.2017.07.009>

1751-9918/© 2017 The Authors. Published by Elsevier Ltd on behalf of Primary Care Diabetes Europe. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

**Keywords:**

Diabetes  
Barriers  
Healthcare use  
Social  
Psychosocial

Care Excellence (NICE) criteria. A narrative data synthesis was conducted, using the Andersen model and developing categories from the included studies.

**Principal results:** In total, 2923 studies were identified, and 15 finally included. We identified barriers according to the main categories “population characteristics”, “norms and values”, and “healthcare services” on a contextual and individual level, as well as “health status”. Frequently reported barriers were “socioeconomic status”, and “physician characteristics”. Ethnic minorities were frequently analysed and may have specific barriers, e.g. “cultural beliefs” and “language”.

**Major conclusions:** We identified a broad range of barriers to healthcare use in individuals with diabetes mellitus. However, the number of studies is low. Further research is needed to analyse barriers in more detail considering special subgroups.

© 2017 The Authors. Published by Elsevier Ltd on behalf of Primary Care Diabetes Europe.

This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## Contents

1. Introduction.....	00
2. Methods.....	00
2.1. Search strategy.....	00
2.2. Study selection process.....	00
2.3. Inclusion and exclusion criteria.....	00
2.4. Data extraction and synthesis.....	00
2.5. Assessment of risk of bias in individual studies.....	00
3. Results.....	00
3.1. Identified barriers to healthcare use.....	00
3.1.1. “Population characteristics”-related barriers.....	00
3.1.2. “Norms and values”-related barriers.....	00
3.1.3. “Healthcare services”-related barriers.....	00
3.1.4. “Heath status”-related barriers.....	00
3.2. Barriers in ethnic minorities.....	00
4. Discussion.....	00
4.1. Limitations of our study.....	00
5. Conclusion.....	00
Conflict of interest.....	00
Funding.....	00
Ethics approval.....	00
Consent for publication.....	00
Acknowledgements.....	00
Appendix A.....	00
References.....	00

## 1. Introduction

Diabetes mellitus (DM) is highly prevalent and it has been estimated that by 2040 more than 640 million individuals will be affected worldwide [1,2]. DM is associated with several complications, including increased rates of cardiovascular disease, retinopathy, neuropathy and nephropathy, as well as poor mental health and an impaired quality of life [1,2].

Individuals with DM need to perform a wide range of tasks to deal with their condition, including participation in self-management programmes, handling of multiple medications, blood glucose measurement and frequent contacts with healthcare professionals [3]. Inability to adhere to this complex and diverse set of required tasks may contribute to the fact that patients fall short of attaining defined treatment goals, e.g. in terms of HbA<sub>1c</sub> [4]. Among the self-management tasks, regular contact with diabetes healthcare services plays a key role in achieving treatment goals [3,5]. Psychosocial factors (e.g. adverse views about health, and low motivation) have been identified as potential barriers reducing the likelihood of healthcare use among individuals with DM

<sup>1</sup> Shared first authorship.

<sup>2</sup> Shared last authorship.

<sup>3</sup> Deceased.

Download English Version:

<https://daneshyari.com/en/article/8580758>

Download Persian Version:

<https://daneshyari.com/article/8580758>

[Daneshyari.com](https://daneshyari.com)