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ORIGINAL

Epidemiological multicentre study on the education provided to patients with type 2 diabetes mellitus in the Spanish Health Care System. The Forma2 study

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KEYWORDS

Type 2 diabetes
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Education;
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Abstract

Purpose: The purpose of the present study was to characterize the education that patients with type 2 diabetes mellitus receive, and to identify differences as regards the presence of insulin therapy or not.

Methods: This crossover, multicentre and descriptive study involved 1066 Spanish physicians who completed a questionnaire on Internet.

Results: The physicians that responded had a mean of 26.0 years of experience in healthcare, and mainly worked in a walk-in clinic in an urban area. Physicians rated the level of patient knowledge about their disease on a 5.0 point-scale. Fifty percent of them indicated that they spent between 15 and 30 min in educating patients at the time of diagnosis. Previous control with HbA1c > 9%, presence of microvascular complications, and a low socio-cultural level, were factors associated with spending more time in education.

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PALABRAS CLAVE

Diabetes mellitus
tipo 2;
Educación;
Paciente;
Sistema Nacional
de Salud español

Conclusion: This is the first study designed to evaluate the education provided to patients with type 2 diabetes mellitus from Spain. The time spent and the individualization of the education are important factors associated with better long-term control of the disease, and thus with the effectiveness of the clinical management.

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Estudio epidemiológico multicéntrico sobre la formación proporcionada a pacientes con diabetes mellitus tipo 2 en el sistema sanitario español. Estudio Forma2

Resumen

Objetivo: El objetivo del presente estudio fue caracterizar la educación que reciben los pacientes con diabetes mellitus tipo 2 e identificar las diferencias existentes en función de la presencia o ausencia de terapia insulínica.

Métodos: En este estudio transversal, multicéntrico y descriptivo participaron 1.066 médicos españoles que completaron una encuesta por Internet.

Resultados: Los médicos participantes tenían una experiencia media de 26 años en atención sanitaria y principalmente trabajaban en centros de atención primaria de áreas urbanas. Los médicos determinaron el grado de conocimiento de cada paciente en relación con su enfermedad empleando una escala de 5 puntos. El 50% de los médicos indicaron que habían empleado entre 15 y 30 min en educar al paciente en el momento del diagnóstico. Los niveles de HbA_{1c} > 9%, la presencia de complicaciones microvasculares y un nivel sociocultural bajo fueron los factores asociados a la necesidad de dedicar un mayor tiempo a la educación.

Conclusión: Este es el primer estudio diseñado para evaluar la educación proporcionada al paciente con diabetes mellitus tipo 2 en España. El tiempo dedicado y la individualización de la educación son factores asociados con un mejor control a largo plazo de la enfermedad y, consecuentemente, con una mayor eficacia en su manejo clínico.

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Introduction

Type 2 diabetes mellitus (T2DM) is one of the most important health issues and is a burden on Healthcare National systems worldwide.¹ The prevalence in Spain is approximately 13.8%, with 6.0% of cases with unknown disease.² The annual health cost per patient is 1305€; including direct costs of treatment and complications.³ The effective management of DM requires modification of patient's lifestyle (physical activity and diet), and adherence to specific behaviors, such as medication, and medical self-care.⁴ The development of self-care behaviors and higher medication adherence are associated with a better glycemic control.^{5,6} Nevertheless, the glycemic control is not adequately achieved if the patient does not know and understand how to control glucose level in diverse situations.^{7,8} Patient's knowledge about their disease and treatments plays a significant role in adherence self-care, and clinical outcomes.^{9–11} Poor knowledge can lead to poor metabolic control and thus to the development of complications.¹² Physicians and nurses are responsible for providing patient's education and improving skills required to achieve an adequate self-management.¹³ The communication between physician and the patient also influence the degree of adherence to treatments. A

recent Spanish study (*Estudio REFLEJA2*), performed with 974 physicians and 1012 patients aimed to identify similarities and differences between the patient's and primary care physician's perception. This study revealed that patient's perception about the number of times physicians request information about patient's preferences and their treatment adherence is lower than perceived by physicians.¹⁴ Moreover, their perception on the role of diet and physical exercise for disease control differ significantly from physician's.¹⁵ To date, there is limited information about the quality of the education provided to patients and the tools used. The main objective of the present study was to characterize the education that T2DM patients receive and to identify differences depending on the presence of insulin therapy or not.

Methodology

This crossover, multicenter and descriptive study involved physicians from Spain. Main criteria to participate in the study were as follows: professionally active physicians; providing health care assistance in Spain, and with a minimum experience of 2 years on patients with T2DM; and willing to participate in the study. The main objective

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