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E-Health for Diabetes in the Western Pacific
Nutrition Counseling Skills
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Barriers to Treatment Adherence and Hemoglobin A1c in Diabetic Populations
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this study assessed adherence to three types of basal insulins neutral protamine hagedorn nph first and second generation long acting insulins this retrospective study used texas medicaid claims from 1 1 2014 6 30 2017 for patients 18 63 years with 2 basal insulin claims patients also had 1 claim for an oral hypoglycemic agent oha or a

glucagon like peptide 1 receptor agonist glp 1 ra 6 months pre index no claim for premixed insulin or basal insulin different from the index insulin 12 months post index and continuous enrollment the index date was the date of the first basal insulin claim without a claim 6 months prior switchers were additionally required to have 2 pre index claims for a basal insulin the dependent variable was 12 month adherence to index insulin using both mean and dichotomized 0 8 threshold medication possession ratio mpr and adjusted mpr ampr bivariate and multivariate analyses were conducted a total of 5 034 patients were included the majority being between 40 63 years 85 5 and female 65 9 while only 28 2 of patients had mpr 0 8 60 0 had ampr 0 8 after controlling for covariates compared to second generation long acting insulin there was a significantly lower odds of adherence using mpr to nph odds ratio or 0 590 95 confidence interval ci 0 372 0 935 and first generation long acting insulin or 0 762 ci 0 589 0 985 whereas there was no difference in adherence using ampr other factors independently associated with better adherence irrespective of the measurement used mpr vs ampr included older age pre index basal insulin use and better oha adherence more unique baseline medications post index fewer unique ohas bolus insulin use and glp 1 ra use vial delivery was associated with higher odds of adherence only when using mpr 0 8 switchers included 218 patients switching to a longer acting insulin and 588 switchers within first generation long acting insulin adherence improved significantly after switching except for the ampr based adherence in switchers to a longer acting insulin inconsistent results from mpr and ampr and a lack of robustness of ampr to sensitivity analyses suggested reliability issues with the measures comparing adherence using ampr requires similar baseline characteristics at minimum future development of a reliable insulin adherence measure is needed

first published in 1988 routledge is an imprint of taylor francis an informa company

this book provides practical clinical guidelines and describes adherence enhancement techniques for health care professionals dealing with noncompliant patients

contains the complete text of the book in searchable pdf files

a unique case based approach to learning how to apply pharmacotherapeutic concepts to specific patient situations a doody s core title for 2017 pharmacotherapy principles and practice study guide fourth edition delivers more than 100 patient cases that correspond to chapters in the fourth edition of pharmacotherapy principles and practice these case are presented in a consistent manner similar to what you would see in a clinical setting and focus on a specific topic or disorder for each case you are asked to develop a patient database drug therapy problem worksheet and pharmacotherapy care plan using the forms provided with pharmacotherapy principles and practice study guide you will learn how to navigate through the process of applying your knowledge of pharmacotherapy to specific patient cases by organizing patient data to logically assess a patient s medication issues and formulate a sound pharmacotherapy care plan each case includes

patient presentation medical history physical examination targeted questions follow up global perspective which highlights an issue relate to the case that is important to countries outside of north america or involves selected ethic groups or races case summary student workup where you are asked to review the patient case for missing information and to complete the various patient forms

volumes for 1956 include selected papers from the proceedings of the american veterinary medical association

patient noncompliance with medical regimens is a major factor in therapeutic failure and is particularly detrimental to clinical trials

new insulins and administration protocols advanced carbohydrate counting and emphasis on continuing patient education are all advances in diabetes treatment that have dramatically shifted potential outcomes for patients with type 1 diabetes this new edition of medical management of type 1 diabetes focuses on the latest molecular advances new treatment methods recent clinical trials and the american diabetes association s standards of care

this is the only reference currently available that focuses on the treatment of patients living with chronic diseases in poor and minority populations

this volume discusses possible solutions contributed by specialists gathered from all over the world to identify key issues in educating the general public regarding effective and efficient strategies to fight diabetes educating the general public health care workers and decision makers is an important approach for the prevention and control of diabetes it is therefore appropriate that an online information network can be considered to be an effective means for communication and education with the emergence of the information age the use of information technology to cultivate a new e health environment is a valuable tool this will provide public education information exchange and experience sharing support medical care research and training strengthen disease surveillance and support policy and program development and evaluation

a step by step guide for improving interviewing and counseling skills it provides detailed strategies sample monitoring and adherence devices you ll also get specific applications for stress management coronary heart disease diabetes renal disease cancer anorexia bulimia maternal nutrition and hypertension

diabetes mellitus is a disease characterized by decreased function or complete dysfunction of islet β cells in the pancreas failure to properly manage the disease may result in numerous adverse health complications which include ketoacidosis organ failure cataracts neuropathy seizures limb amputation pregnancy complications and even death with increasing prevalence rates of the disease it is important for patients with diabetes to adhere to their recommended treatment to avoid these complications unfortunately a substantial amount of diabetic

patients fail to adhere to their recommended treatment which results in elevated blood glucose and puts them at an increased risk for adverse health effects one of the main obstacles in evaluating diabetes treatment adherence has been measuring what factors actually reflect adherence and controlled hb1c many barriers may affect adherence however using a holistic view of barriers that contribute to non adherence and uncontrolled glycemic index in diabetic patients may help to identify relevant barriers that prevent adequate health the purpose of this study is to identify barriers that prevent proper treatment adherence and controlled hb1c levels in chronic diabetic patients a total of eighty five type 1 and type 2 diabetic patients completed the study survey by responding to demographic questions and completing the medication adherence rating scale mars d the barriers to medication adherence questionnaire the visual analogue scale for medication adherence vas the perceived stress scale pss the interpersonal support evaluation list isel 12 the appraisal of diabetes scale ads the eurohis quality of life index eurohis qol 8 and the patient health questionnaires phq to assess treatment adherence and to identify potential barriers that affect said adherence patients were categorized having either controlled cbg or uncontrolled ubg blood glucose levels based on reported current hb1c levels the results of the study showed that there were no significant differences in demographic variables while there was no significant difference in reported treatment adherence as assessed by the patients mars d and the overall vas scores patients with ubg had a significantly lower quality of life score as assessed by the eurohis qol 8 there were no significant differences in mars 9 vas pss isel 12 or ads scores however patients with ubg showed congruent trends with previous research in that they did have lower mars 9 scores higher pss scores lower isel 12 scores and lower ads scores patients with ubg also had a higher incidence of depression as assessed by the phq while there was no significant difference in the number of ubg patients with anxiety or somatization there were more patients with anxiety and somatization with ubg than with cbg also patients with ubg showed significantly less adherence to short acting insulin and non diabetic medication there were no significant differences in adherence to long acting intermediate acting insulin and oral diabetic medication implications of this study suggest that further research must be done to identify barriers to self care and adherence for diabetic populations to decrease the number of patients who currently experience serious and even fatal complications of having uncontrolled diabetes

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