

[OP30] DETERMINANTS OF DIABETIC FOOT SELF CARE IN WOMEN WITH DIABETES: A POPULATION-BASED STUDY

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Aim: The aim of this study is to determine of Diabetic Foot Self-Care determinants in Iranian women with diabetes.

Method: In this cross-sectional study, 457 women with type 2 diabetes were recruited using random multistage cluster sampling. The data was completed by demographic questionnaire and Diabetic Foot Self Care Questionnaire (DFSQ). This study is investigating demographic and lifestyle factors (age, gender, BMI, marital, educational and social economic status), general health status (HbA1c level, life satisfaction, self-rated health, quality of Life (DQOL), physical activity (IPAQ), depression (Beck) and Social Capital Questionnaire (SC-IQ)) and Diabetic Foot Self Care Questionnaire (Personal Self-care, Podiatric Care and Footwear and Socks). The descriptive statistic and adjusted logistic regression models were used to assess the associations between Diabetic Foot Self Care and other determinants.

Results / Discussion: The mean age and duration of diabetes were 51.8 ± 7.7 and 6.8 ± 5.9 years, respectively. The mean total Diabetic Foot Self Care was 60.38 (SD: 9.9). Also, the mean of Personal Self-care, Podiatric Care and Footwear and Socks were (M:24.87, SD:7.00), (M:18.02, SD: 2.11), (M: 17.52, SD: 3.95) respectively. The covariant logistic regression models were adjusted by age, education, job status, and social economic status. In linear regression analysis, the results were not shown any relations between determinants such as HbA1c level, life satisfaction, self-rated health, quality of Life, physical activity, depression and Social Capital Questionnaire.

By linear regression analyses, the best determinants of low Diabetic Foot self Care was depression. The result showed that the women with depression, had lower score, in total total Diabetic Foot Self-care (β :-2.142, SE: 0.944, P: 0.033), and also had low scores in Podiatric Care (β :-0.772, SE:0.197, P: 0.000), But there was any statistical correlation with Personal Self-care (β :-0.612, SE:0.675, P:0.365) and Footwear and Socks (β :-0.654, SE: 0.372, P: 0.080). The occurrence of acceptable diabetic foot self care in patient with depression was 33% lower than in normal patients (Odd:0.67)

Conclusion: Depression is common and associated with multiple adverse outcomes in patient with diabetes. The results of this study suggest that the presence of depression may determine low diabetic foot self care of women with diabetes. This initial finding permits subsequent experimental investigations to identify strategies that can be valuable to improve diabetic foot control.