

## P27

**Diabetes care educational programme impact on HbA1c, diabetic foot knowledge and care** Lemos E, Monteiro-Soares M, Melo G, Távora A, Sobral J, Duarte I, Guerra C, Matias D, Dias I, Ribeiro M, Oliveira MJCentro Hospitalar de Vila Nova de Gaia / Espinho EPE - Endocrinology, Diabetes and Metabolism department; Vila Nova de Gaia, Portugal

**Aims:** We have implemented a diabetes care educational programme with 5 group sessions addressing diabetes pathophysiology and its complications (acute and chronic), adequate nutrition, diabetic foot care and conversation maps. At the end of each session, patients' were individually evaluated and pertinent information reinforced by all the participating professionals (endocrinologist, nutritionists, nurses and podiatrist). With this study we intend to compare the HbA1c, diabetic foot knowledge and care before and after our educational programme in order to assess its impact. **Methods:** We are conducting a prospective cohort study. All the patients (so far n= 27) assisting to all our educational programme sessions from February 2011 to February 2012 were included. All data was collected by the professional team participating in the educational programme at the 1<sup>st</sup> (at baseline) and 4<sup>th</sup> sessions (after at least 3 months). We intend to increase our sample size by including all patients completing our programme before the end of August 2012. **Results:** At baseline, patients had a mean age of 58.3 years ( $\pm$  9.8), diabetes duration of 12.8 years ( $\pm$  8.7), HbA1c of 8.7% ( $\pm$  1.2), weight of 82.7 kg ( $\pm$  18.3), body mass index (BMI) of 30.8 ( $\pm$  6.1) and diabetes care knowledge test score (out of 5 points maximum) of 3.0 ( $\pm$  1.4). From our sample 63.0 % were female, 74.1% used insulin, 11.1% lived alone, 25.9% presented physical limitation, 18.5% nephropathy, 37.0% retinopathy, 77.8% diagnosed and/or medicated hypertension, 25.9% diabetic peripheral neuropathy, 3.7% peripheral vascular disease, 7.4% diabetic foot ulcer (DFU) history and none lower extremity amputation (LEA) history. Regarding diabetic foot care, 22.2% had a moisturized skin, 70.3% acceptable or adequate nail care and 39.2% a low risk footwear. Using the IWGDF classification, 74.1% presented low risk and 25.9% high risk of foot complications development. During our study no patients developed a DFU nor LEA. With our educational programme we were able to reduce the HbA1c value ( $p=0.001$ ), improve the test score ( $p<0.001$ ), increase the number of patients with moisturized skin ( $p<0.001$ ), without heel fissures ( $p<0.05$ ), acceptable or adequate nail care ( $p<0.05$ ) and low risk footwear ( $p<0.1$ ). **Conclusions:** We have observed that with our educational programme we were able to achieve all the proposed goals (improve glycemic control, diabetic foot care knowledge and care). However, we posteriorly intend to evaluate its impact through time by reassessing all patients' after 1 year.