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Compliance of medical practitioners with diabetic treatment guidelines at Dr Yusuf Dadoo Hospital, West Rand Health District Gauteng

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Abstract

Background: Diabetes (DM) is a common chronic condition. The prevalence is increasing globally and has become a common health care problem associated with multiple complications. Guidelines have been formulated to standardise care among people living with DM, with aim of optimising patient care and thus minimising the complications.

Aim: The aim of this study was to assess how well health care practitioners in Dr Yusuf Dadoo Hospital complied with the most recent diabetic treatment guideline, SEMDSA 2017.

Setting: This **s**tudy was conducted in the out-patient department of Dr Yusuf Dadoo hospital in the Westrand Health district of Gauteng.

Methods: A retrospective cross-sectional review of patient record living with diabetes was done. Three hundred and twenty-three Record of patients seen from August 2019 to December 2019 were reviewed and some of the basic variables were assessed according to the most recent diabetic treatment guidelines SEMDSA 2017.

Results: files were audited in 4 main categories. Comorbidities, Examinations. Investigations, presence of complications. In terms of monitoring parameters, only 40(12.4%) had HbA1c assessed 6monthly, with annual creatinine assessed in 179(55.4%) and lipogram 154(47.7%) of patients. More than 70% of patients had uncontrolled glycaemia. More than 70% of patients had uncontrolled glycaemia. The most frequently documented target organ screening/examinations were foot related at 8.7% (28) and all of them had established complications. Only 2 people were screened for erectile dysfunction.

Conclusion: Adherence to DM treatment guidelines was found to be poor. Monitoring and control parameters were infrequently done as per guideline recommendation. The resultant effect are poor glycaemic control and therefore numerous complications. The study site and thus the West rand needs targeted strategies to improve medical practitioner adherence to guidelines including adequate interpretation of results, timely intervention, when necessary, as a way to improve DM care and thus minimise the risk of complications amongst patients in the district

Keywords: Adherence; Compliance; Diabetes; Medical practitioners; treatment guidelines; SEMDSA guidelines