

A PROGRAM TO STRENGTH DIABETES CARE IN PRIMARY CARE CLINICS IN CORRIENTES: DESIGN AND BASELINE RESULTS

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Introduction: Prevalence of diabetes in Corrientes is 7.7%. Evidence shows that educational interventions in persons with diabetes (DP) and professionals improve quality of care and clinical outcomes. Although there are public programs to address diabetes care in Argentina, these recommendations have not been widely implemented in public primary care clinics (PCCs) in low resource settings. Objective: To describe a program to strength diabetes services for PD in PCCs and baseline results. Methods: Quasi-experimental design with outcome measurements, at baseline, 6 and 12 months. Interventions: a) Primary care team training for the implementation of the clinical practice guidelines, b) a mobile application to register and monitor PD, c) SMS with educational messages for PD. Results: 869 patients were included, mean age 53.4 years, 45.2% had no health coverage and 77.3% had low educational attainment. As regards CVD risk factors, 36% reported dyslipidemia, 10.6% were smokers, 60.9% were hypertensive and 48.7% have their blood pressure uncontrolled. Mean BMI was 32.3 (SD 7.7). 12.4% had chronic macrovascular complications. Only 17% had an A1c lab in the last year, and 32.2% had A1c 9% and 34.7% performed at least one cholesterol test. 60.9% had a screening for diabetic peripheral neuropathy and 29.1% consulted the ophthalmologist in the previous year. 91.9% received treatment (86% oral antidiabetic and 15.1% insulin) Conclusions: Baseline results showed poor metabolic control and of CVD risk factors, and barriers to the implementation of GPC in the primary care level. Proposed interventions aim to improve diabetes service delivery and patient outcomes.