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PROPORTION OF PATIENTS WITH POOR GLYCAEMIC CONTROL AND ITS ASSOCIATED FACTORS AMONG 40 – 60 YEARS OLD DIABETIC CLINIC ATTENDEES OF TH, KALUTARA

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Background: Type II diabetes mellitus can be identified as one of the most prevalent non-communicable diseases, which is linked with a large number of dependent factors. Therefore, this study was conducted with the aim of assessing the proportion of patients with poor glycaemic control and its associated factors among 40 – 60 years old diabetic clinic attendees of TH, Kalutara

Methods: A descriptive cross-sectional study was conducted among 376, 40-60year-old diabetic clinic attendees at TH Kalutara, using stratified sampling. Interviewer administered questionnaires, and data were analyzed using SPSS software program. The glycemic control was assessed using the mean fasting blood sugar levels over the past three months.

Results: Of the participants, 67.8% were found to have poor glycemic control. Sex, religion, ethnicity, marital status, family monthly income, comorbidities, diet, family history of diabetes mellitus, duration of diabetes medication and time of diagnosis of DM had no association with poor glycaemic control of participants ($p>0.05$). The rural residents (74.5%; n = 202; p =<0.001) never employed (73.9%; n =201; p <0.001), participants with high BMI (71.6%; n = 224, p =0.001), participants with more than 5 medications (86.7%; n = 52; p = 0.001) and smoking (87.2%; n = 34 ; p = 0.006) had poor glycaemic control with significant association. Adherence to medication (p<0.001), daily physical activity (p<0.001), easy access to tertiary healthcare institute (p<0.001) education level (p = 0.023) had significant association with good glycemic control. Alcohol consumption had no association (p = 0.301) but the amount of alcohol had significant association with poor glycaemic control (p = 0.003).

Conclusion: The study revealed that majority of the 40-60year-old diabetic clinic attendees in TH Kalutara have poor glycemic control, linked to factors like rural location, unemployment, BMI, medication consumption, poor adherence to medication, and low education.

Key words: poor glycemic control, diabetic clinic attendees, type II Diabetes Mellitus, TH Kalutara