以家庭參與介入於第二型糖尿病控制不佳患者之成效探討

The Effectiveness of Family Partnership Intervention in Unstable Control Patients with Type 2 Diabetes

中文摘要

糖尿病是高死亡率、高醫療耗費之疾病，除例行之篩檢及治療外，是否家屬的參與能獲得較佳之控制結果呢？故本研究目的旨在比較家庭參與組與一般照護組於第二型糖尿病控制不佳之患者，其糖尿病控制指標、家庭支持行為、疾病知識、態度及自我照顧行為之差異。

本研究採前-後測設計，以診斷為第二型糖尿病且糖化血色素(A1C)平均>7%者為研究對象。病患入選後依診斷時間順序，分為家庭參與組及一般照護組。資料收集後以描述性、卡方檢定、獨立樣本 t 檢定、曼－惠特尼 U 考驗及魏氏帶檢定進行分析。

本研究共收集 56 人；家庭參與組 28 人，一般照護組 28 人。家庭參與組病患平均年齡為 55.3 歲，以男性居多（n=16；57.1 %），教育程度以高中（職）居多（n=17；60.7%），全數（100%）與家人同住，17 位（60.7 %）有糖尿病家族史。而一般照護組病患平均年齡為 51.7 歲，男女各為 14 人（50 %），教育程度以高中（職）以上居多（n=15；53.5%），27 人（96.4%）與家人同住，21 位（75.0 %）有糖尿病家族史，以上變項，兩組皆無顯著差異（$p > .05$）。在介入六個月後之糖尿病控制指標中，家庭參與組之糖化血色素（A1C）、空腹血糖（FBS）、總膽固醇（TC）、三酸甘油脂（TG）、低密度脂蛋白膽固醇（LDL-C）的改善程度均較一般照護組佳，但在統計上均未達顯著差異（$p > .05$）。

而家庭參與組在家庭支持行為平均得分由 52.14 分提高為 56.46 分，疾病知識由平均 10.86 提高為 16.18 分，疾病態度由平均 56.39 分提高為 59.11 分，自我照顧行為平均 88.14 分提高為 101.89 分。而一般照護組之家庭支持行為得分由平均 51.21 分下降為 49.82 分，疾病知識由平均 12.32 分提高為 14.64 分，疾病態度由平均 56.43 分稍微提高至 56.57 分，自我照顧行為由平均為 87.64 分提高為 96.68 分；兩組前三項變項達統計上之顯著差異（$p < .05$）；但自我照顧行為則未達統計上之顯著差異（$p > .05$）。

本研究發現家庭參與方案對糖尿病病患之糖尿病控制指標、家庭支持行為、疾病知識、態度、自我照顧行為確有改善之效果，故此結果除可提供組織決策者，更瞭解家庭參與介入糖尿病控制之成效外，亦可作為其他慢性病衛教之範例，提升其自我照護成效。

英文摘要

Diabetic Mellitus is a high mortality and costly disease. Besides routine examinations and treatments, whether family participation can have better outcomes than those who do not? Therefore, the aims of this study were to compare the differences in the diabetic metabolic control, family supportive behaviors, patients' knowledge, attitudes, and self-care behaviors between family partnership intervention care (FPI) group and usual care (UC) group for patients with type II diabetes.

This study was pre-posttest design. Samples included in this study were who had

diagnosed as type II diabetes and A1C was great than 7%. After screening, samples were randomly assigned to FPI group or UC group based on the time they were diagnosed. Descriptive statistics, independent t-test, $\chi 2$, Mann-Whitney U test and Wilcoxon signed ranks test were used to analyse the data.

There were 56 patients participated in this study, 28 patients in FPI group and 28 in UC group. The mean age of the FPI group was 53.3 years. Of these, 16 (57.1%) were males, 17 (60.7%) had senior high school education, 27 (96.4%) were married, and 28 (100%) were living with their family, and 17 (60.7%) had a history of diabetes. In contrast, the mean age of the UC group was 51.7 years. Of these, 14 were males (50%), 15 (53.5%) had senior high school education, 24 (85.7%) were married, and 27 (96.4%) were living with family, and 21 (75.0%) had a history of diabetes. However, no significant differences were found between groups ($p > .05$). After 6 months follow-ups, physical measures such as A1C, BMI, FBS, TC, TG, LDC-C, and HDC-C were better improved than those of patients in the UC group. However, no significant differences were found between groups on above variables ($p > .05$). For the FPI group, the mean scores of family supportive behaviors were increased 4.32 points, patients' knowledge was increased 5.32 points, patients' attitudes was increased 2.71 points, and patients' self-care behaviors was increased 2.71 points. For the UC group, the mean scores of family supportive behaviors was decreased 1.39 points, patients' knowledge was increased 2.32 points, patients' attitudes was increased 0.14 points, and patients' self-care behaviors was increased 9.04 points. There was a significant difference in the mean scores of family supportive behaviors, patients' knowledge, and patients' attitudes between groups ($p< .05$); however, no significant difference was found on patients' self-care behaviors between groups ($p > .05$).

The findings demonstrate that the DM control was improved for FPI group than that of UC group. The scores of family supportive behaviors, patients' knowledge, patients' attitudes, and patients' self-care behaviors were also improved in FPI group than that of UC group. Thus, the results not only provide information to decision makers to better understanding the effectiveness of DM family participation, but also can be used for other chronic disease to improve the outcomes of self-care.