

The Dawn study in Italy

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Introduction

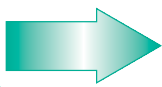
DAWN it's a global initiative by IDF in cooperation with NOVO NORDISK and an international board of experts. Aim of the study was to know the care needs and the psychological and social barriers of Italian diabetic persons, and the perceptions of these problems by their relatives, by specialized NHS caregivers and by health policy makers.

From International DAWN Study the message was:

A huge gap exists between:

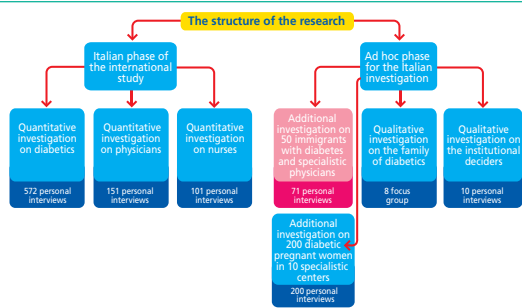
The psychosocial needs of diabetic persons or at risk for diabetes

The support from healthcare systems and from the community



- Poor self-management
- Poor QOL
- Poor focus to the metabolic control
- Severe Complications
- Disability and depression

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Methodology

A structured questionnaire of items, as well as in the International DAWN Study, was administered to 500 persons with diabetes (88,2% T2DM and 11,2% T1DM) inside the 51 outpatient diabetes clinics, where they were cared on, across all the territory. A similar structured interview was made to 150 specialized diabetologists and 100 dedicated nurses of the clinics. The sample of these populations are representative of the whole population of diabetic Italian people and of the caregivers. Furthermore the same interview was made to a specific population of 60 extra-european migrants in three Italian towns. Finally face to face interviews with 8 health policy makers and 8 focus groups with the relatives of persons with diabetes were performed.

Specific aspects of Italian study

- The Italian Ministry of Health joined to the study, as an active partner in any phase
- Opinions and concerns of families were investigated for the first time
- A specific study on immigrants from Africa, South America and East Asia was performed
- The opinions of Local Health Service Governors have been collected
- The study was performed in Diabetes outpatient clinics, because these units care the majority of diabetic persons in Italy

Results

Persons with Diabetes

The start of insulin therapy is usually lived with concern by the patient

To promote a joint action to remove the sense of guilt and to give psychological support to the patient

Information deficit on the fact of possibility being a group at risk

Systematic communication to relatives to stimulate the adoption of lifestyles helping prevention

Physical exercise is the least followed form of medical advice

The study has identified the 55-64-year-olds as the age group requiring most attention (= 30% of people with diabetes; physical exercise: 25% of components)

Immigrants with diabetes and their specialist physicians

Difficulties based on linguistic barriers

To prepare hand books on diabetes for the most important nationalities and distribute them into the diabetological centres

Difficulties linked to different food style and restrictions due to religious rules

To know studies and experiences of countries of older immigration

Lack of information on diabetes diffusion into the various immigrant populations

To get information of the knowledge, the diffusion and the cure of diabetes in the original countries

Specialistic physicians

High average age of Specialistic physicians (about 50% of them are over 50 years)

To Promote the formation of a new generation of Diabetologist

High number of patients followed by Specialistic physicians (220-240)

To Promote an expansion of the network management of diabetes through greater involvement of general physician

Need for professional support for the psychological problems of people with diabetes

To Promote insertion of a psychologist into the diabetologic teams

Specialistic nurse

Number of patients followed by specialistic nurses (190-200)

It will be necessary to increase the staff of specialized nurses

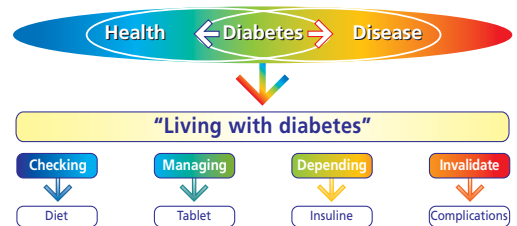
Lacking in self government

It will be necessary a better vocational training

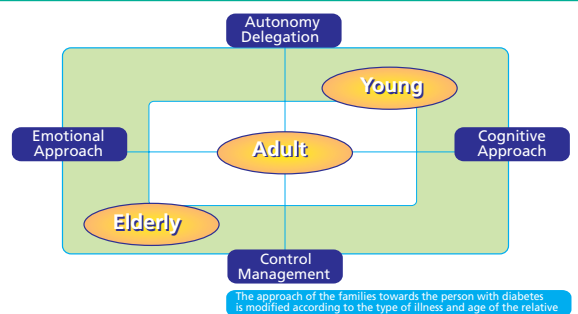
Lack of proper tools for psychological support of patients

To promote insertion of a psychologist into the diabetologic teams

Diabetes A status " between health and disease



Model of relationship with the family diabetic



Family member

Emotional impact of the information received at the time of initial diagnosis of diabetes

Need more time by the Specialistic physicians for better communication with diabetics and their families

Impact on the family of the new eating habits

To study of a Functional diet, not punitive, for the whole family; improve the ethical responsibility on the part of food companies

Need an expansion of the network management of diabetes

To Enhance the role of general physician in care of diabetes

Institutional players

Need more resources

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Need a greater integration of the health system in terms of exchange of information and joint actions between the specialist services, local services and social services

To Enhance the role of the general physician, as presidium of the territory and as training / information for diabetics and their families

To explore the possibility to use the psychological services of ASL and social workers for psychological aspects of diabetes

Conclusions

Italian diabetes persons are enough satisfied of the specific care of the NHS and show a moderate optimism for their future. The acceptance of the chronic illness is still a problem, and there is a lack of education particularly about physical activity. Diabetics, as well as caregivers, claim the need of structured multidisciplinary teams. The relatives are concerned about the psychosocial support and need more informations. The health policy makers have the knowledge of the burden are working to realize DMS between GPs and Specialized Practices.

Italian "Call to Action"

To intensify

the communication patient-operator and among the different operators

To provide

psychosocial assistance to the person with diabetes and to his relatives

To promote

the diabetological assistance by a team, adequately formed and complete in its different components, with particular respect to the GP's, to the specialized nurse, and to some figures of specific competence (Psychologist, Nutritionist, Podologist)

To activate

specific programs devoted to increase the motor activities of people with diabetes, modified according to personal ability

To develop

the fundamental role of the associations

To increase

the sensibility of the deciders towards management systems of the chronic illness

To promote

active self-control

To reduce

therapy barriers, pharmacological and non-pharmacological

with support of

