

ADHERENCE TO SELF-CARE AMONGST DIABETIC PATIENTS WITH AND WITHOUT DIABETIC FOOT: ASSOCIATION TO COGNITIVE AND EMOTIONAL STATUS

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Adherence to self-care (ASC) is a cornerstone in diabetes management. Diabetic foot (DF) is one of the major complications of diabetes. The goal of this study was to examine whether DF differs from diabetics without DF (GD) in ASC and what is the association between ASC, cognitive and emotional state. This Case control study included 99 individuals with DF [58y±6.9, diabetes duration (DD) 15±7, HbA1c 8.8(2.1)], 76% Male (M)] and 95 controls (61y±7, DD 13.4±8.5, HbA1c 7.4(1.3), 76%M]. Groups were matched for DD and gender. ASC was determined using The Summary of Diabetes Self-Care Activities questionnaire; Cognitive function was assessed by Neurotrax computerized battery, Digit symbol and Verbal fluency tests; Mental status was assessed by Patient Health Questionnaire, WHO-5 Quality of life (QOL) and Health Question. Compared to GD, DF were found to exercise less (1.7±1.6 vs 0.7±1.5^{***}) and take more blood tests (9.1±3 vs 4.3±2.7^{***}). No differences were found regarding adherence to diet. However, Indices regarding efficiency of treatment showed DF to have higher HbA1c (8.81 vs 7.56^{***}) and BMI (30.13 vs 28.17^{**}). Amongst GD Adherence to diet was positively associated with memory (101.5±11.2 vs 93.5±14.4^{**}), phonemic (96±21.1 vs 86.3±19.9[^]) and semantic (99.5±19.9 vs 90.7±15.6[^]) fluency. DF: only psychomotor abilities (94.7±13.7 vs 85.2±18.9^{**}). Adherence to physical activity was found to be positively associated with a higher QOL (DF 25.9±7 vs 22.5±7.4^{**}; GD 27±5.6 vs 22.7±10.6^{**}), and health (DF 60.2±1.5 vs 55.1±23.6^{**}; GD 71.3±17.1 vs 54.6±2.8^{**}).