



CHAPTER 1

INTRODUCTION

Diabetes mellitus is a universal health problem in the world. The prevalence in western countries is between 2-10%.^[1] The prevalence in Thailand is 2.5-15.3% depending on the method of detection.^[2-8] Most Thai diabetes patients are non-insulin dependent diabetes mellitus (NIDDM). The goal of treatment in NIDDM is to control metabolic abnormalities that predispose to long-term degenerative complications which are the causes of death.^[9] The initial management of NIDDM should include patient education, dietary control and individualized physical activity. Drug therapy is given when the first three steps fail to control metabolic status.^[10]

Diabetic education is the most important measure in the treatment of diabetes mellitus to improve self-care practice^[11], improve metabolic parameters^[12] and decrease cost of care.^[13,14] The health providers are nurse educators, nutritionists and physicians. There are a limited number of nurse educators in Thailand. Thus, video tapes about diabetic education were developed in Thailand to facilitate knowledge transfer to the patients.

Because of an inadequate numbers of nurse educators, it is logical to explore whether nurse aids can be used as diabetic educators in Thailand. The video tapes about diabetic education were previously produced for diabetic self-care program.^[15]

The purpose of this study is to compare whether video tapes about diabetic education plus nurse aid consultation can increase the knowledge and ultimately improve the care of the NIDDM when compared with diabetic nurse educator consultation alone.

It is also justified to study the effectiveness of these two alternative diabetic education methods and the economic evaluation has also been included.