

CHAPTER I

INTRODUCTION

Since 1997 Nakornluang (NKL) Community Hospital, the sixty bed hospital in Ayutthaya province has participated in the health care reform project. The hospital committee selected chronic illness service with a focus on diabetes care because of the high prevalence of diabetes mellitus. There are multiple factors for patients providing the opportunity to study the impact of a self care management education model.

Diabetes mellitus (DM) is a serious, chronic illness, and an important health problem, that causes serious health complications such as progressive damage to the eyes, kidneys, nerves and arteries. These complications represent major threats to the person. The manifestations of diabetes cause considerable human suffering and are an increasing burden on the health care system (WHO, 1993). The clinical class of diabetes is divided into four subgroups: (1) insulin-dependent diabetes mellitus (IDDM); (2) non-insulin-dependent diabetes mellitus (NIDDM); (3) malnutrition-related diabetes mellitus; and (4) other types of diabetes associated with certain conditions and syndromes. NIDDM is the largest subgroup, often asymptomatic; consequently many cases remain undiagnosed. Because NIDDM affects about 90% of the diabetic population in Thailand, the prevalence is 3.26% and at any point in time at least 37.6% of the cases are known and diagnosed (Boonnark, 1999). Public health has changed following developments in Thailand. The social structure of the country changes from

an agriculture based economy to an industrialized economy. These changes affect each city, municipality and village.

Since 1990 the severity of non-communicable disease has become the most important health problem in Thailand. The three leading causes of death are accidents, heart disease or hypertension, and cancer, NIDDM accounts for 50% or more of all causes. In 1995 there are 836,000 cases with NIDDM, WHO expected it to reach 1,923,000 cases in 20 years and the trend of disease in the urban area is becoming more than in the rural area (Manosuntorn,1999). Thus, it is an important problem and this study will consider only NIDDM. NIDDM cannot be cured at the present time, but it can be controlled. The purpose of this study is to study the effects of an education model based on home health care, this model could improve the patient's self care ability regarding diabetes knowledge, attitude towards decision making and practice of self care and ultimately decrease the blood glucose level of the poorly controlled NIDDM. Comparison will be made before and after intervention, further study will develop guidelines for better management of diabetes and improve the quality of care. The quality of diabetes self management education model based on home health care can be measured in the self care ability and health outcome of the patients.

This study is presented in the following parts : (a) An essay on the issues relating to the situation of poorly controlled NIDDM in Ayutthaya, Thailand. Then all the possible ways and feasible strategy that can be used to improve self care ability and health status are discussed with the references used. (b) A proposal of how to

implement the strategy and describes the practice aspects of implementation. (c) The data exercise attempts to test the instruments of the proposal are discussed. (d) The overall view of the proposed study was presented.