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Severe Lack of Foot care Education among Saudi Patients with Diabetes in Majmaah, Saudi Arabia

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Background: Diabetic foot is one of the most common complications of diabetes mellitus (DM) which remains understudied in the kingdom of Saudi Arabia (KSA), a country with an alarming prevalence of DM among adults.

Aim: This study aims to determine the knowledge and awareness of DM patients in the district of Majmaah KSA with respect to foot care.

Methods: A total of 296 Saudi DM subjects (137males and 159 females) were randomly selected to participate in this cross-sectional survey. The questionnaire consisted of information ascertaining demographic information, knowledge of diabetic foot and foot care as well as awareness towards foot wear.

Results: Majority of the patients (91.9%) never had a sore or cut on foot or leg that took more than 2 weeks to heal and only 7.1% of patients developed foot ulcer, amputation of toe, foot and leg. Having ulcers, sore, blisters and blood discharge were the least reported problems. Almost all patients wash their feet everyday (97.6%) and more than half of the patients were applying moisturizing cream and drying their feet after washing. More than 95% of the patients never attended a class and read handouts on foot care.

Conclusion: DM patients in Majmaah, KSA have good awareness with respect to foot care, but severely lack the needed diabetic foot education that should be provided in primary care centers despite their high interest to learn. Urgent attention is needed to address this important issue to prevent or delay future diabetic complications.

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A mobile system for primary care assistance of underprivileged communities

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Mobile health consists in the application of mobile devices and communication capabilities for expanding the coverage and improving the effectiveness of health care programs. This technology is particularly promising for developing countries, in which health authorities can take advantage of the flourishing mobile market to bring adequate health care to underprivileged communities, helping them to effectively combat long-living diseases not so often encountered in developed countries. In Brazil, the Primary Care Information System (SIAB) concentrates basic healthcare information from all different regions. The information is collected by primary care teams (PCT) on a paper-based procedure that degrades the quality of information provided to the healthcare authorities and slows down the process of decision making. To overcome these problems, we propose a secure data gathering application based on mobile devices connected to a 3G network and GPS for georeferenced purposes. The system is being used by PCT during regular visits to the underprivileged families in metropolitan area (> 400.000 inhabitants) of the country. A set of georeferenced data related to many aspects of the families is collected, such as house type, sanitation, total of family members, chronic diseases, vaccines, pregnancy, among others. The results obtained have shown that the proposed process is an alternative for data collecting, both in terms of data quality and lower deployment time. Additionally, the results obtained can also motivate changes in the existing forms, such as inclusion of relevant data as a way to enforce standardized inputs for the population supported by this mobile health solution.

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