

**CONTINUITY OF CARE AND OUTCOMES AMONG DIABETIC
PATIENTS ATTENDING TORORO DISTRICT HOSPITAL IN
EASTERN UGANDA**

**INVESTIGATOR: DR. ONYANGO JUDE TADEO
MBChB (MAK)**

SUPERVISORS:

1. DR. NDOBOLI FRED

MBChB (MAK), MPH (North Carolina, USA)

2. DR. NAKWAGALA FRED

MBChB (MAK), MMED (MAK)

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ABSTRACT

Background: Diabetes causes significant morbidity to the individual as a result of its multiple complications. Much of the morbidity and mortality arising from complications of diabetes can be prevented when you have continuity of care that involves regular checks and follow-up, ongoing diabetes education and support from the health provider to enable the patient adopt healthy life style choices, and comply with their treatment. Some studies have demonstrated better management of diabetes and improved outcomes when you have continuity of care. However in Uganda no study has related continuity of care and outcomes among diabetic patients.

Objective: To describe the prevalence of each type of continuity of care and the care outcomes among diabetic patients attending Tororo district hospital.

Methods: The study was a cross-sectional descriptive study employing quantitative methods.

Data was collected from a sample of 168 patients attending the diabetic clinic in the outpatient's department of Tororo hospital using a pretested structured questionnaire. Questionnaires were administered by 3 trained research assistants. Data was entered into Epidata software. Analysis was done using SPSS software package.

Results: Average age of patients was 53.84 years, with median of 55 years and (SD 12.4). Majority of patients were female (56%). 93% of patients were identified with continuity of care. Continuity of care was significantly associated with receiving education on lifestyle advice for diabetes management (Diet P-value 0.034, Stopping/No smoking P value 0.005, Abuse of alcohol P value 0.008, Physical exercise P value 0.001), keeping appointments with the health provider P value<0.0001, and taking prescribed medication P value 0.04. The study also found a higher proportion had a urine or blood sugar test, physical examination of eye, foot, or blood pressure in the 'continuity group' of patients.

Conclusion: The study findings provide evidence of continuity of site (health facility) and individual provider at (78%), continuity of site without individual provider continuity at (8%), and continuity of individual provider without continuity of the site of care at (7%) in this health care setting. The findings also show that continuity of care can improve on care outcomes among diabetic patients.