

DYADIC PATTERNS OF PATIENT-CAREGIVER ENGAGEMENT IN TYPE 2 DIABETES CARE: A MULTICENTER OBSERVATIONAL STUDY

Fabrizi D.^{*}, RN, PhD, Postdoctoral Research Fellow in Nursing, Department of Medicine and Surgery, University of Milano – Bicocca, Monza, Italy

Rebora P., PhD, Associate Professor of Medical Statistics, Department of Medicine and Surgery, University of Milano – Bicocca, Monza, Italy

Valsecchi M.G., Full Professor of Medical Statistics, Department of Medicine and Surgery, University of Milano – Bicocca, Monza, Italy

Locatelli G., RN, PhD, Postdoctoral Research Fellow in Nursing, Department of Medicine and Surgery, University of Milano – Bicocca, Monza, Italy

Di Mauro S., RN, MSN, Associate Professor of Nursing, Department of Medicine and Surgery, University of Milano – Bicocca, Monza, Italy

Luciani M., RN, PhD, Assistant Professor of Nursing, Department of Medicine and Surgery, University of Milano – Bicocca, Monza, Italy

Ausili D., RN, PhD, Associate Professor of Nursing, Department of Medicine and Surgery, University of Milano – Bicocca, Monza, Italy

^{*}Presenting author

Background: Patient self-care and caregiver contribution in chronic conditions should be considered a dyadic phenomenon. This approach, not previously applied to type 2 diabetes (T2DM), acknowledges the mutual influence between dyad members. Distinct patterns of dyadic engagement in T2DM care have never been identified.

Aim: To identify patterns of dyadic engagement in T2DM care, describe their characteristics, and explore their association with glycated haemoglobin (A1c).

Method: An observational cross-sectional study was conducted in four outpatient diabetes clinics in Italy. 251 dyads of patients with T2DM and their primary informal caregivers were involved. Patient self-care and caregiver contribution were assessed using the Self-Care of Diabetes Inventory and the Caregiver Contribution to Self-Care of Diabetes Inventory, respectively. Patterns of dyadic T2DM management were identified by latent class analysis. Associations between patient-caregiver characteristics and class membership was estimated using a multinomial regression model. The association between classes and A1c was estimated using a multivariable linear regression model.

Result: Patients were mostly male (55%) with a median age of 72 years. Caregivers were mostly female (71%) with a median age of 64 years. Three distinct patterns of dyadic engagement in T2DM care were identified. The "equally engaged-low care" pattern (14%, n=34) showed low engagement by both patients and caregivers in self-care behaviours. The "mostly patient engaged-middling care" class (25%, n=63), displayed moderate patient engagement with lower caregiver contribution. The "equally engaged-high care" class (61%, n=154) demonstrated high dyadic involvement with minimal incongruences in T2DM care engagement. Patient gender, education level, and self-efficacy, and the presence of burden and chronic diseases in caregiver were associated with membership in the identified classes. Furthermore, membership in the "mostly patient engaged-middling care" and "equally engaged-high care" classes was associated with decreased A1c compared to the "equally engaged-low care" class.

Conclusion: The three identified classes of dyadic engagement in T2DM care showed differences in patient and caregiver characteristics and were associated with A1c. These patterns should be considered by healthcare professionals. Further research is needed to deepen the understanding of dyadic management in T2DM.